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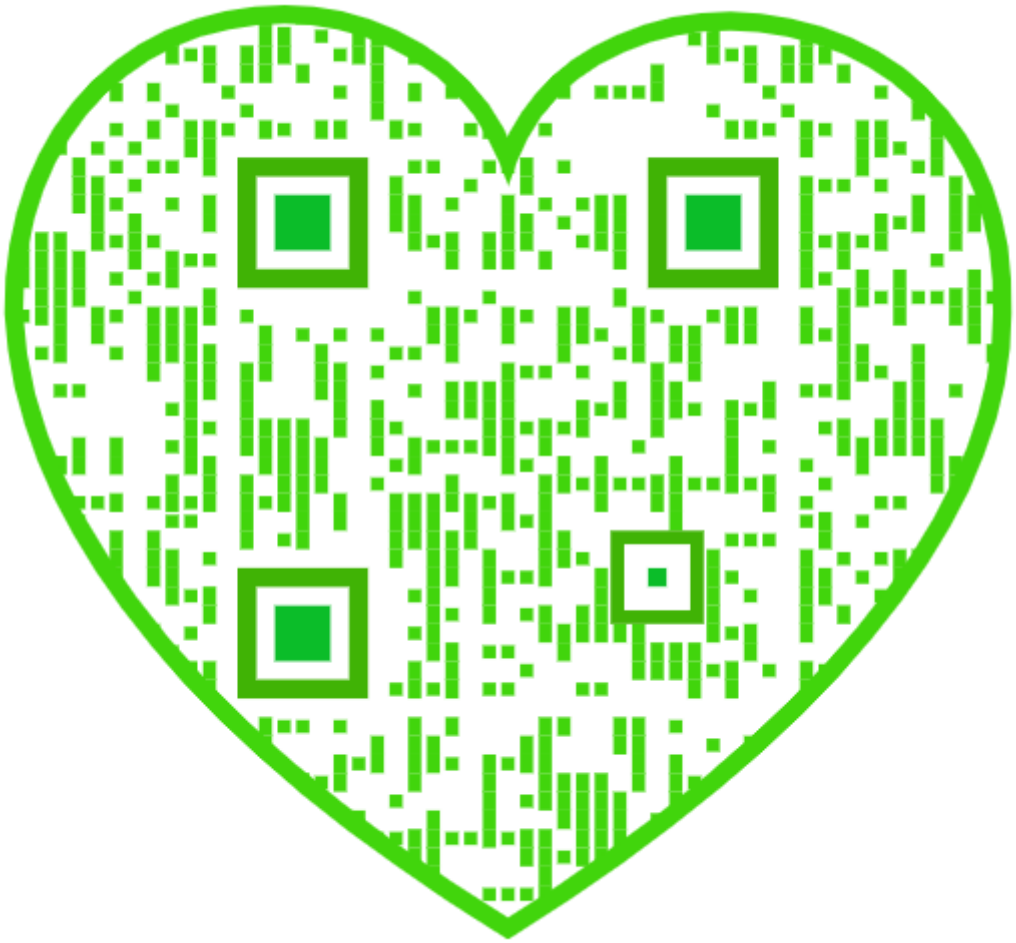
DCPA ATTACK ENVIRONMENT MANUAL

CHAPTER 7

WHAT THE PLANNER NEEDS TO KNOW
ABOUT THE SHELTER ENVIRONMENT

DEFENSE CIVIL PREPAREDNESS AGENCY
DEPARTMENT OF DEFENSE

JUNE 1973



DCPA ATTACK ENVIRONMENT MANUAL

WHAT THE EMERGENCY PLANNER NEEDS TO KNOW ABOUT THE NATURE OF NUCLEAR WAR

No one has gone through a nuclear war. This means there aren't any natural experts. But civil defense officials are in the business of preparing against the possibility of nuclear war. Intelligent preparations should be based on a good understanding of the operating conditions that may occur in a war that has never occurred. Lacking such understanding, emergency operating plans probably won't make much sense if they have to be used.

This manual has been prepared to help the emergency planner understand what the next war may be like. It contains information gathered from two decades of study of the effects of nuclear weapons and the feasibility of civil defense actions, numerous operational studies and exercises, nuclear test experience, and limited experience in wartime and peacetime disasters that approximate some of the operating situations that may be experienced in a nuclear attack. In short, it summarizes what the Defense Civil Preparedness Agency now knows about the nuclear attack environment as it may affect operational readiness at the local level.

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PREFACE TO CHAPTER 7

This discussion of the shelter environment is aimed at the emergency planner rather than the person who has shelter management experience or training. It is assumed that the reader is familiar with the attack environment information presented in the six preceding chapters.

Information is presented in the form of "panels" each consisting of a page of text and an associated sketch, photograph, chart, or other visual image. Each panel covers a topic. This preface is like a panel, with the list of topics in Chapter 7 shown opposite. If the graphic portion is converted to slides or vugraphs, the chapter or any part can be used in an illustrated lecture or briefing, should that be desired.

The ordering of topics begins with an introductory panel, followed by nine panels addressed to the basic needs, in addition to protection against the attack environment, that must be satisfied if people are to survive in shelters for an extended period of time. There follow three panels describing the various kinds of shelters that might be available. The next five panels discuss how the basic needs described earlier are to be met in shelters in ordinary buildings built for peacetime purposes. Seven panels deal with the survival actions required when attack effects occur. There are three panels concerned with prolonged shelter occupancy and preparations for leaving the shelter. Finally, three panels discuss the need for trained leadership and shelter use plans. A list of suggested additional reading is included for those who are interested in further information on the general subject.

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THE SHELTER ENVIRONMENT

Shelter plays the central role in protecting people from the hostile environment created by a nuclear attack. This is true whether one is remote from the scene of nuclear detonations (fallout risk) or nearby (all-effects risk). But shelters must do more than shield from weapons effects. They must provide a habitable environment from which the survivors can later emerge in good condition to deal with the postattack world. Moreover, if people are to use shelters when warned of attack, they must believe that shelters will protect and that shelters will be livable. In earlier chapters, the best available areas for protection from weapons effects have been identified. In this chapter, the environment in shelter will be described.

Some of the conditions to be expected in shelter are the result of physical characteristics. Some are due to the behavior of people. The physical and behavioral aspects are closely related. There is much shelter experience from past wars although few, if any, Americans have had this experience. Shelters have also been used in many natural disaster situations. In both wartime and disaster situations, sheltering has been necessary for only a few hours to a few days. Fallout (see Chapter 6) presents a persistent threat that might require shelter for many days to several weeks. This need for prolonged occupancy introduces a new dimension that past wartime shelter experience does not address.

Thus, one of the first questions asked was whether American citizens (men, women, and children) could or would endure the confinement of a shelter for a period as long as two weeks. The answer obtained in early experiments was an emphatic "Yes." Actually, most of the volunteers for these experiments enjoyed the experience and said they would volunteer again. In part, this response was due to the inclusion of creature comforts, such as bunks, prepared foods, furniture, good sanitary facilities, and the like. It was not until the mid-1960s that shelter-living experiments were made sufficiently austere and uncomfortable that a significant proportion of volunteers decided to leave during the experiment.

By 1968, nearly 7,000 volunteers had participated in over 22,000 man-days of shelter living in occupancy tests ranging from family size to over 1,000 people and for periods ranging from one to 14 days. The results have been used in training materials for shelter manager courses, during which an additional 90,000 have gained some shelter experience. In this chapter, we will summarize the important facts that the emergency planner should know and that should be communicated to local officials and the public.

PANEL 1

SHELTER ENVIRONMENT*

SCENE IN SHELTER EXPERIMENT IN
WHICH 722 MEN, WOMEN, AND CHILDREN PARTICIPATED

*Hammes, J.A., et al., **Shelter Occupancy Studies at the University of Georgia**, 1968 (AD 688 099).

PANEL 1

SPACE

An elemental requirement in shelters is mere physical space for human occupancy. The approximate volume of the adult human body is 2.3 cubic feet. In history, there have been some alleged crowding for extended periods that have approached this space allocation —in slave-trade ships, for example. Most confined situations offer much greater space per person, as shown in this table.

Prison is a common peacetime form of confinement. The minimum space allotment recommended by the American Prison Association is 38.5 square feet and 287 cubic feet per prisoner. The table is headed by a crowded version of prison confinement. This crowded jail situation is almost twice as "roomy" as the DCPA standard shelter space allotment of 10 square feet and 65 cubic feet per person.

And yet, the DCPA shelter standard is spacious compared to other (and particularly wartime) experience. European nations that have had such experience currently recommend one-half square meter (about 5.4 square feet) as a minimum and have conducted occupancy tests at this allotment. World War II experience in shelters and prisoner-of-war camps was even more confining.

An implication for emergency planning is that the DCPA recommended shelter space allotment of 10 square feet of usable space per person is a desirable goal but not a practical minimum. Reduced space allotments up to one-half the standard are practical where suitable shelter space is inadequate to serve the population.

AVAILABLE SPACE IN SELECTED SITUATIONS

Situation	Area per Person (sq ft)	Volume per Person (cu ft)
Crowded Jail (two men in one-man cell)	19.2	145
Railroad Coach (60 seated passengers)	12.0	96
100-person, Two-week Shelter experiment, NRDL 1959	12.0	117
DCPA Standard	10.0	65
30-person, Two-week Shelter experiment, AIR 1960	8.0	58
Civil War Prison	8.0	40
Local Bus filled to seating capacity only	6.3	42
160-person, Two-day Shelter experiment, U. of Ga. 1966	6.0	60
West German five-day shelter experiment	5.5	--
Swedish recommended shelter minimum	5.4	--
London WWII shelter sleeping 200 people	4.0	30
Belsen Concentration Camp barracks WWII	3.0	22
Black Hole of Calcutta	1.7	22

AIR

Air quality is essential to human life. The need for oxygen for breathing is well known. Fresh air contains about 21 percent oxygen. No noticeable or harmful effects occur should the oxygen content drop as low as 14 percent. At 10 percent, people experience dizziness, shortness of breath, deeper and more rapid respiration, and quickened pulse. At 7 percent, stupor sets in and about 5 percent oxygen is the minimum concentration compatible with life. However, only a small amount of fresh air is needed to keep the oxygen concentration in the safe region. For example, 0.4 cubic feet of fresh air per minute per person will maintain the oxygen concentration at 17 percent. If each person is allocated 65 cubic feet of volume (the DCPA standard), one air change in the shelter every two and one-half hours would be sufficient.

A more serious problem is the increase in carbon dioxide concentration. Each person, on the average, exhales about two-thirds of a cubic foot of carbon dioxide every hour while at rest. If ventilation is inadequate, the carbon dioxide can increase markedly over the 0.04 percent present in fresh air. The consequences of higher concentrations are shown in this table.

Many years ago, 3 percent carbon dioxide was considered a permissible limit. Experience on submarines and experiments under prolonged exposure have indicated the desirability of keeping the carbon dioxide concentration below 1 percent. For civil defense purposes, the goal has been to limit the buildup of carbon dioxide in shelters to not more than 0.5 percent of inhaled air. This limit requires about 3 cubic feet of fresh air per minute per person. Again, if each person is allocated 65 cubic feet of air space, this would require a change of air every 22 minutes. In other words, the amount of fresh air needed to limit the carbon dioxide concentration will also keep the oxygen supply at normal levels.

An alternative to supplying sufficient fresh air is to provide other means for assuring air quality, such as bottled oxygen and materials for removing the excess carbon dioxide from the air. Such means, which are used on submarines, spacecraft, and the like, are quite costly. Ventilation with fresh air will be the usual practice in shelters. No special filters are necessary to exclude fallout as the particles are too large to be breathed or to be drawn in and deposited in sufficient quantity to alter the fallout protection afforded by the shelter area.

EFFECTS OF CARBON DIOXIDE*
(Oxygen Content Normal)

Carbon Dioxide Content of Inhaled Air (percent)	Effects
0.04	Normal air; no effects.
2.0	Breathing deeper, volume increased 30 percent.
4.0	Breathing much deeper; rate quickened; considerable discomfort.
4.5 - 5	Breathing extremely labored; almost unbearable for many; nausea may occur.
7 - 9	Limit of tolerance.
10 - 11	Inability to coordinate; unconsciousness in 10 minutes.
15 - 30	Diminished respiration; fall of blood pressure; coma; gradual death after some hours.

*From Soloman, T., **Systematic Action of Gases—A Manual of Pharmacology**, W.B. Saunders Co., Philadelphia, 1948.

TEMPERATURE CONTROL

In addition to using up oxygen and exhaling carbon dioxide, each shelter occupant gives off heat—about 500 BTU per hour. [Recall from Chapter 3 that a BTU (British Thermal Unit) is the amount of heat necessary to raise the temperature of a pound of water 1 degree Fahrenheit.] Several hundred people congregated in a shelter produce the heat output of the heating system of an average home.

Part of the heat given off by the body is "sensible" heat—warmth as would be measured by a thermometer. Part is water vapor or evaporated moisture. This is called "latent" heat in that sensible heat is produced only when the water vapor condenses on a cool surface. Actually, a person's sensation of heat or cold is related not only to the air temperature, as measured by a thermometer, but also to air moisture (humidity) and air movement. So long as the air temperature is well below skin temperature, the body can radiate heat to maintain normal body temperature. At higher temperatures, the body must rely on evaporative cooling by perspiration. If the air is humid and air movement low, evaporative cooling loses its effectiveness and the body temperature will rise. The upper limit of body temperature for survival is 108—110^{o}F. The loss of life in the Black Hole of Calcutta incident (Panel 2) was not caused by lack of space but by lack of temperature control.

The most widely-used measure of the effects of heat and moisture on the human body is "effective temperature." It combines the effect of air temperature, air moisture, and air movement to yield equal sensations of warmth or cold and approximate equal amounts of heat strain. The effects on people of the temperature and humidity conditions represented by effective temperature (ET) are shown in the table.

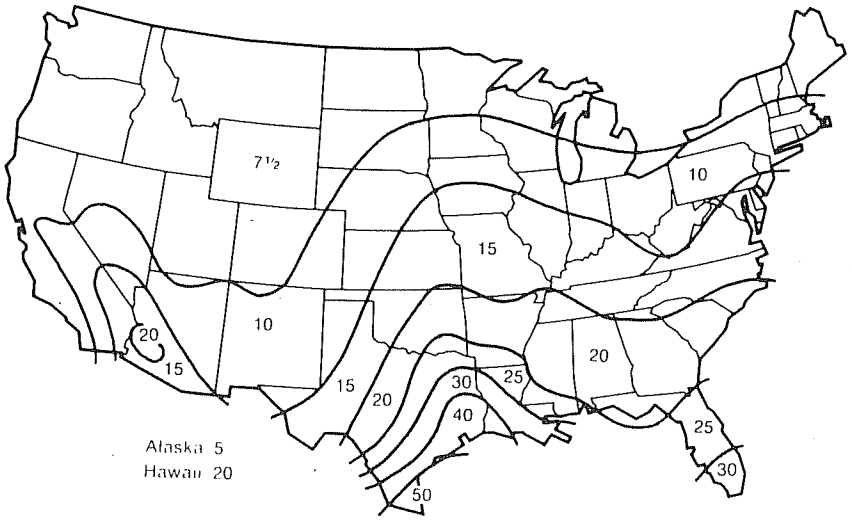
The numerical value of ET is the reading on an ordinary thermometer when the air is completely saturated with moisture (100% relative humidity). At lesser humidities, the thermometer reading would be higher than the equivalent effective temperature. For a relative humidity of less than 50 percent, which is a common summertime climatic condition, an effective temperature of 82 degrees would correspond to air temperatures in the mid-90s. An effective temperature of 82 degrees approximates the condition under which the Federal Government sends people home who work in non-air-conditioned offices. It is also the design limit established by DCPA for the shelter environment.

Even where buildings offering shelter protection are air-conditioned, prospective crowding of people and probable lack of electric power indicate that temperature and humidity control must be accomplished by ventilation with fresh air. The map shown here defines the zones of required ventilation (in cubic feet per minute per person) to provide 90 percent reliability of maintaining the shelter effective temperature at 82 degrees or less. It can be seen that the required ventilation rates are all greater than the 3 cubic feet per minute per person needed to control the buildup of carbon dioxide.

EFFECTS OF HEAT AND HUMIDITY
(for low air movement)

Effective Temperature	Sensation	Reaction	Consequences
50–60	Uncomfortably cold	Shivering	Muscular pain; impairment of circulation
60–70	Cool	Urge for more clothing or exercise	Normal health
70–75	Comfortable	Normal heat regulation	Normal health
75–82	Warm	Regulation by sweating	Normal health
82–85	Uncomfortably hot	Increasing stress and dehydration	Cardio-vascular strain
85–90	Very uncomfortable; Very hot	Increasing stress	Danger of heat stroke
90–95	Limited tolerance	Failure of regulation; body heating	circulatory collapse

ZONES OF EQUAL VENTILATION RATES IN CFM PER PERSON FOR 90 PERCENT RELIABILITY OF NOT EXCEEDING 82° ET



PANEL 4

WATER

If people are to be confined in shelter more than a few days, drinking water is an essential requirement. Water is a major component of the body, accounting for about 60 percent of a person's weight. But water is by no means a static component; it moves in and out of the body at the rate of more than five pounds a day normally. It is the fluid vehicle for body waste, which is filtered from the blood by the kidney. Water is also evaporated from the skin as a means of losing body heat.

When water intake is restricted or negligible, the bodies of healthy people compensate first by reducing the amount of urine excretion by about half, from about three pounds (pints) in adults to about 1½ pints. Unless people are required to perspire to lose body heat, about one quart of water a day suffices to maintain the water balance. If the shelter temperature is warm, however, the amount of water needed to avoid dehydration increases rapidly, as shown in the chart. This is another reason to be concerned about temperature control in shelters.

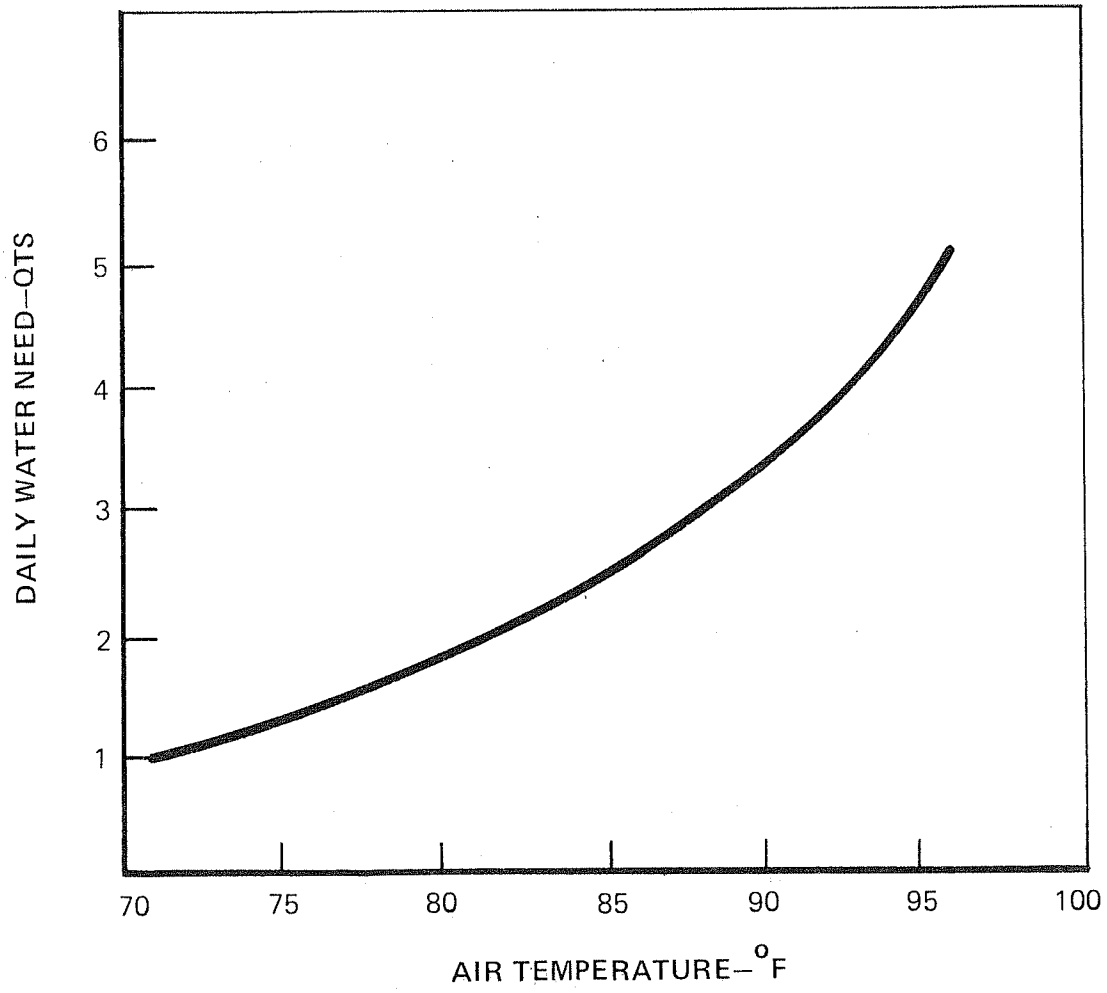
Water deficiency begins to cause trouble as soon as one or two percent of the body weight is lost. Thirst, the earliest symptom, is followed by behavioral changes—a sense of oppression, impatience and emotional instability, and, in some, weariness and apathy. Severe symptoms, such as heat exhaustion, headache, labored breathing, and increasing weakness, occur when six to ten percent of body weight has been lost. Delirium and death result from greater dehydration.

Experiments have shown that the consequences of dehydration vary widely among individuals, with the very young, very old, and ill being especially vulnerable. Pregnant women, for example, require more water than normally and must avoid dehydration if injury to the unborn child is to be avoided. Experiments have also shown that there is nothing to be gained by stretching out an inadequate water supply to cover a presumed shelter stay. Health is best maintained by delaying any dehydration as long as possible. Therefore, water management in shelters **should be aimed at ensuring adequate intake and preventing waste rather than at rationing the available supply,** particularly since there is no way to determine a "fair share" for each man, woman, and child except by satisfying thirst.

Water for washing has been shown to be an amenity and not a necessity, even for extended shelter stays.

MINIMUM WATER REQUIRED FOR NEGLIGIBLE DEHYDRATION

(APPROXIMATE AVERAGE FOR MEN, WOMEN, and CHILDREN)



PANEL 5

SANITATION

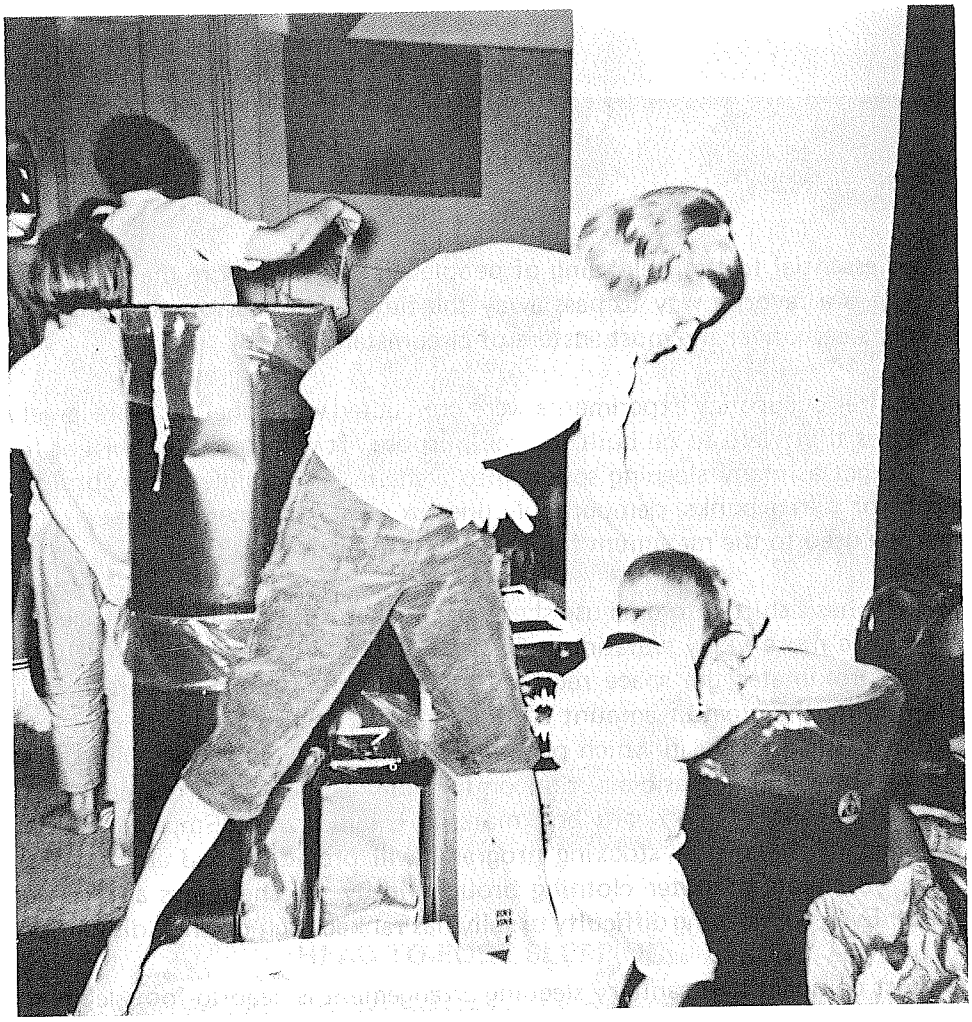
Minimal sanitary arrangements are also necessary in a shelter. At the very least, some sort of toilet facility must be available. If continued operation of conventional flush toilets cannot be assured, containers for collecting and storing human wastes must be provided. As a rough rule of thumb, waste storage capacity must be able to handle about one-half gallon of sewage per person per day.

Closely associated with availability of toilet facilities is the need for privacy arrangements. If conventional toilets are not available, existing closets or partitions may be adapted for the purpose. In open shelter areas, enclosures may need to be created by stacking of furniture or supplies.

Many shelter occupancy tests have been conducted in which no water has been provided for washing. While this demonstrates that bathing is not a necessity, the lack of water for personal hygiene has invariably ranked No. 1 or No. 2 in the list of discomforts encountered in shelter. Moreover, some provisions of this sort are essential for those engaged in food handling and sanitation activities.

Another aspect of shelter living that ranks high on the "discomfort index" is dirt. Substantial amounts of litter and trash tend to accumulate in a crowded shelter. Lack of janitorial supplies can contribute significantly to this sanitation problem.

One problem that prospective shelterees anticipate would cause great discomfort is odors. Yet odors have never ranked very high among the discomforts experienced. When they are remarked at all, they are usually associated with toilet facilities of the container type. The reason is that the olfactory organs quickly become dulled and the odors are not noticed except by persons entering the shelter from the fresh air. One exception is stale cigarette smoke, which is unpleasant even to smokers.



SANITATION*

EMPTIED WATER DRUM BEING USED FOR TRASH

*Hammes, J.A., et al., **Shelter Occupancy Studies at the University of Georgia,** University of Georgia, 1968 (AD 688 099)

PANEL 6

SLEEP

Sleep is essential to the well-being of people confined for more than a day or two. Indeed, sleeping is a favorite way to pass away the time. And, fortunately, most people are able to nap or sleep under the most austere of circumstances.

Early shelter occupancy experiments were conducted when shelters were largely thought of as structures that were to be built for the purpose. It was clearly important from a cost standpoint to get as many sleeping spaces into a shelter as possible. This consideration led to provision for tiered bunks, demountable ones in most instances, so that all the available space might be used to the maximum for both day and night activities.

When emphasis shifted to dual-use shelters, largely in existing buildings, sleeping on the floor became the more likely situation. The DCPA standard shelter space of 10 square feet per person approximates the space required by the recumbent adult person. The shelter function requiring the greatest amount of floor space is sleep. Many experiments have now been conducted successfully in which people sleep upon the floor. Sleeping on a bare concrete floor has been found feasible but uncomfortable. A major improvement occurs where carpeting exists or when fiberboard box material is laid down. Emptied fiberboard food boxes, supplied in the shelter stocking program, will provide a pad about 6 feet long by 2 feet wide. Blankets or outer clothing brought in by the shelterees also can be used as sleeping pads. Even so, sleeping difficulty usually has ranked high on the "discomfort index."

The most compact and sanitary sleeping arrangement is head-to-foot sleeping as shown in this photograph. A recommended practice is to locate single men on one side of the shelter area and single women on the other, with family groups in between.

Noise is a shelter characteristic that is closely related to sleeping difficulty. Noise levels during waking hours in shelter experiments have been found to range from 50 to 85 decibels; that is, from the noise level associated with a business office to that inside an automobile. The psychological pressure of noise is such that shelterees welcome occasional "quiet periods" during the day. Therefore, if only a single open space is available, all people should observe the same sleeping hours. When separate rooms are included in the same shelter area, shift sleeping can be considered. This usually results in more individual sleeping space and less crowded areas for non-sleeping activities.

HEAD-TO-FOOT SLEEPING

(NOTE USE OF FIBERBOARD FOR SLEEPING PAD.)

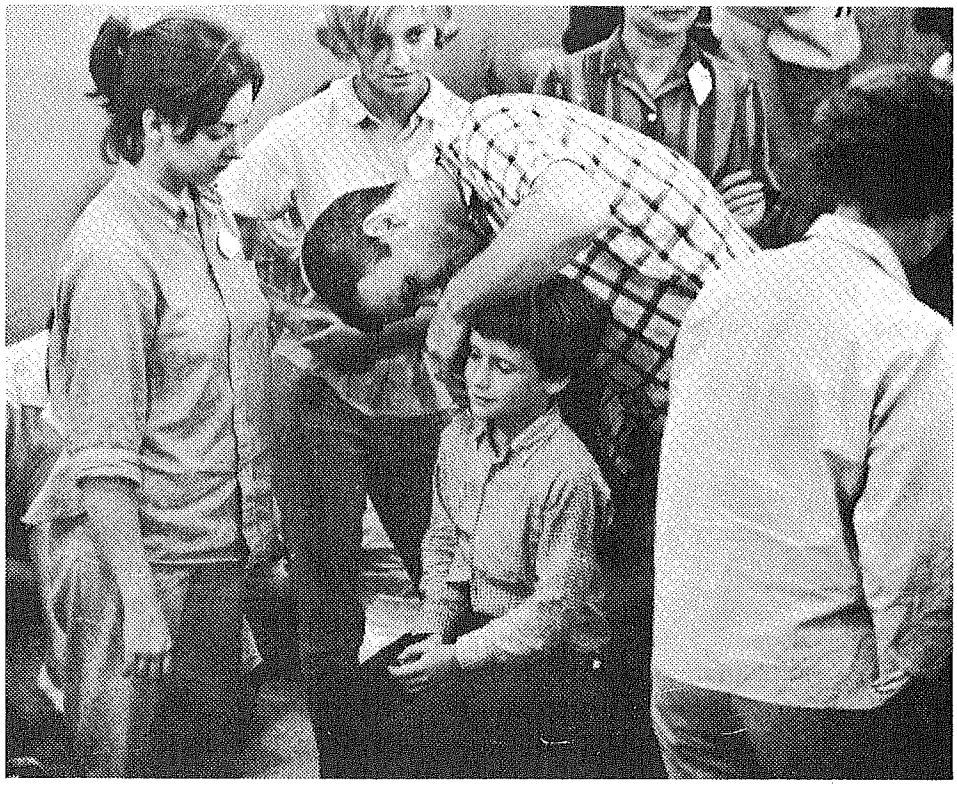
HEALTH

The medical problems of a shelter are three-fold: (1) the chronic illnesses, such as diabetes or heart ailments, with which some proportion of the population is afflicted; (2) the possible spread of communicable diseases, respiratory infections, and other illnesses; and (3) the injuries and illnesses caused by the attack environment.

Natural disaster experience has demonstrated that many chronically ill persons, who are dependent on continued medication with specialized medicines, enter shelters established for evacuated flood or hurricane victims without these essential medical supplies. The problem apparently is caused by a last minute decision to leave their homes. In natural disasters, alternative sources are usually available, but in the nuclear attack situation, the lack of on-hand drugs could have serious consequences. Current civil defense educational materials emphasize the importance of bringing such supplies to the shelter. But plans should be made for **crisis information** to reinforce this need.

Minimizing the spread of disease or infection in crowded shelters requires constant attention to sanitation measures, cleanliness of toilet areas, careful handling of water and food, and establishment of a sick bay or isolation area for persons who are ill. These are management problems. In addition, minimal medical supplies to treat headaches, respiratory symptoms, and waste elimination difficulties should be available. It would be ideal if every shelter had a doctor or nurse assigned to it and, to the extent possible, emergency plans should attempt such assignments. In many cases, competent medical assistance will not be available. The next best solution is to train citizens in emergency health care. Over 17 million people have completed the Medical Self-Help Training Course available to localities through the State Public Health Office. A reasonable readiness goal is to train one person in each family through this course.

Medical care for persons injured by attack effects is discussed in Panel 18. But minor cuts and bruises can occur in a shelter not suffering attack effects. Therefore, a modest supply of bandages and antiseptics should be available in any event.



MEDICAL CARE

SICK CALL IN A SHELTER OCCUPANCY TEST

PANEL 8

FOOD

Food is near the end of the list of essential shelter needs. Healthy individuals should be physically able to survive a several-week shelter stay without any food. If shelterees are expected to participate in post-shelter recovery operations, however, they will require food during the confinement period. Moreover, food has tremendous emotional significance and failure to provide what is commonly perceived as a basic need can make the keeping of people in shelter very difficult.

What foods should be provided in or brought to a shelter is more than a matter of taste. Foods high in protein and fat greatly increase the amount of drinking water required to eliminate wastes. At the same time, a diet composed entirely of carbohydrates is undesirable. Heating or cooking of foods adversely affects temperature control, requires an assured source of heat, and usually constitutes a potential hazard in a crowded shelter. Foods that require cooking or eating utensils or that produce garbage or trash offer sanitation problems, unless special facilities exist in the shelter area. In the shelter stocking program, where long shelf-life is needed in addition to the foregoing, DCPA has provided a baked whole-wheat cracker and a fruit-flavored hard candy that meet these requirements. Augmentation by food products that are mostly liquid is desirable, provided glass containers are avoided. Broken glass is a hazard in crowded shelters.

SHELTER RATIONS

DISPENSING "SHELTER BISCUITS"

LIGHTING

Some lighting is essential for effective shelter operations. Providing light is assuming greater importance in view of the increased emphasis on use of basement areas and the recognition that attack effects, such as EMP (Chapter 4), make loss of commercial electric power a widespread possibility.

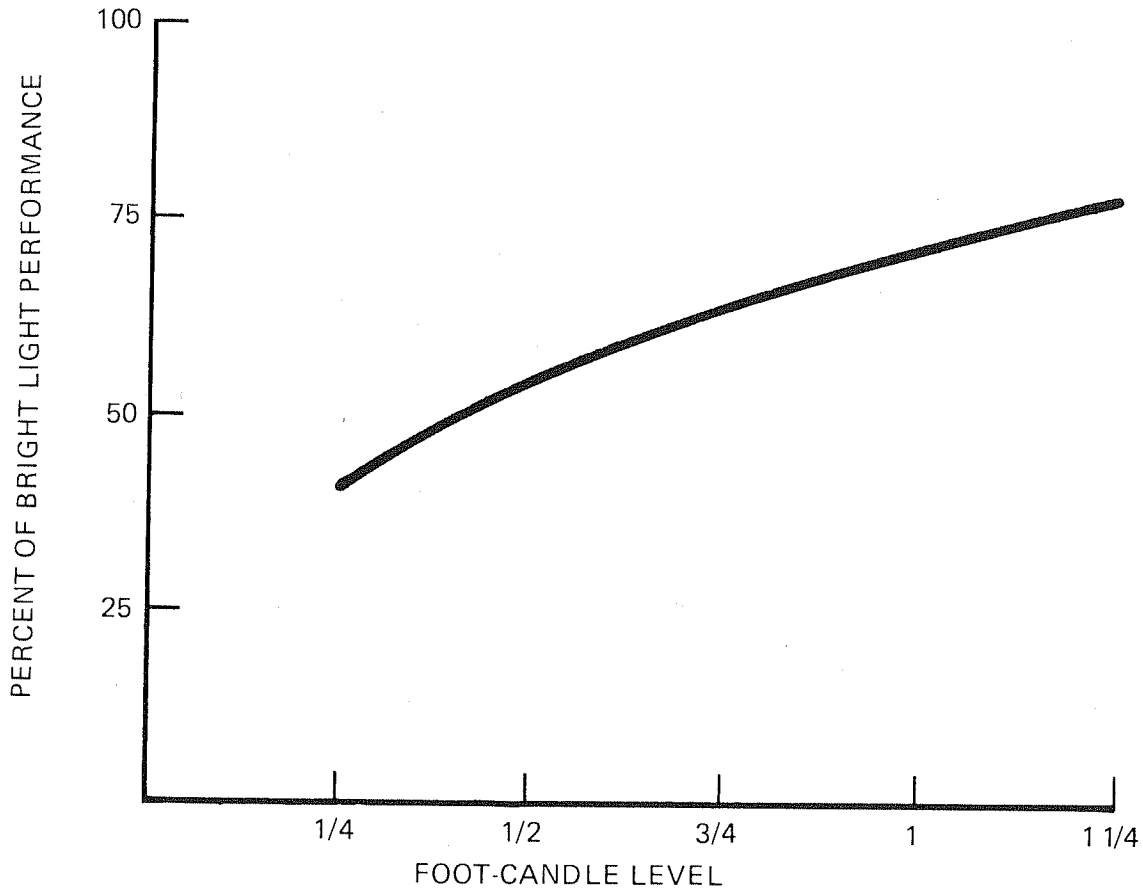
General lighting should provide a sufficient level of illumination for movement about the shelter and performance of shelter tasks. A higher level of illumination may be necessary for special functions, such as medical treatment, reading instructions, and equipment maintenance. The measure of illumination is the foot-candle. Recommended emergency lighting levels range from two foot-candles in sleeping areas to five foot-candles for general lighting to twenty foot-candles for medical treatment and equipment maintenance.

Shelter experiments have been performed, however, at very much lower lighting levels. Tests of visual acuity and performance tests, such as needle threading, nut, washer, and bolt assembly, and newspaper reading, showed that ordinary tasks, such as food preparation, reading, and sewing, could be performed at lighting levels as low as ¼ foot candle. Depth perception was one faculty most reduced by low levels of light. Shown here is the average performance of a group of tests as compared with performance in bright (45 foot-candles) light.

One example of low illumination levels commonly encountered is moonlight, which provides about 0.02 foot-candle. A dark motion picture theater provides about 0.2 foot-candle while the picture is being shown. A well-lighted business street provides about 2.5 foot-candles.

One shelter test involving 15 people has been conducted without any light whatsoever. The volunteers realized they would be spending a 24-hour period in total darkness and apparently adjusted very well. None requested to leave before completion of the experiment. Food and water preparation were done quite adequately by inexperienced people although they often needed "hints" from more experienced members of the group. The shelterees, expecting darkness, found shelter existence in the dark to be less uncomfortable than they had anticipated. Entering the dark shelter initially was the most upsetting experience. Light of some kind would seem desirable upon entering the shelter and during the initial setting up of shelter supplies, particularly in the absence of trained leadership.

AVERAGE PERFORMANCE UNDER LOW LEVELS OF LIGHTING*
(compared to 45 foot-candle level)



*Smith, M.C. and Wendel, W.J., **Illumination in Group Shelters,** Sanders and Thomas, Inc., January 1963 (AD 404 090).

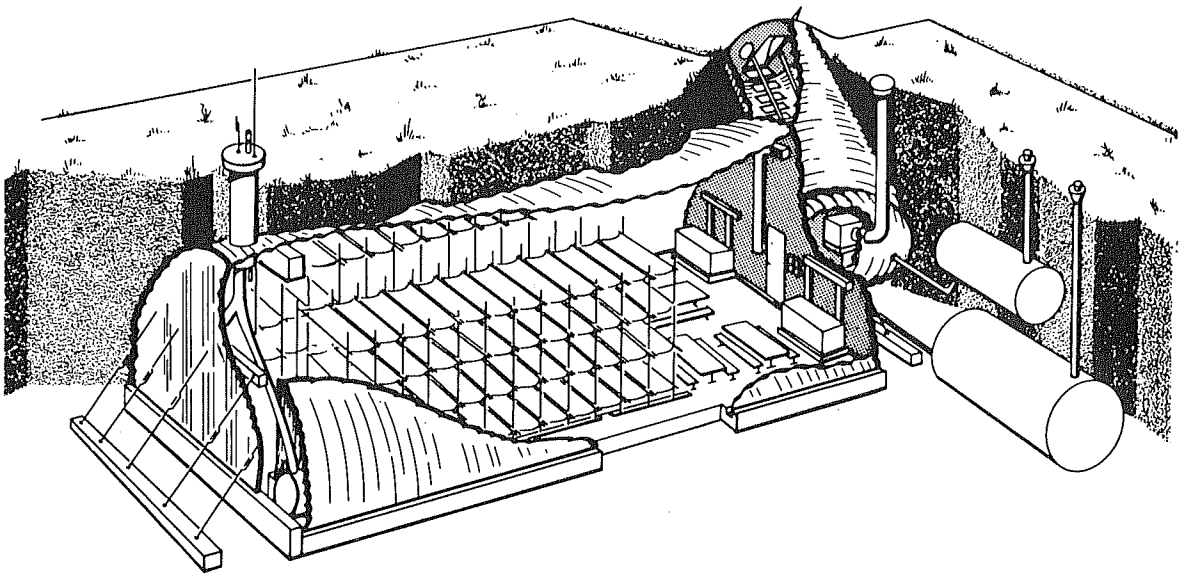
SINGLE-PURPOSE SHELTERS

If shelters are built for the purpose, it is relatively easy to provide not only protection against attack effects but also the essential elements of a habitable shelter environment. Many such single-purpose shelters have been designed and a few have been built and tested. The designs cover a variety of sizes, construction materials, and degrees of protection.

One example of a single-purpose shelter is shown here. It uses a corrugated steel arch building buried below ground. Space is available for at least 100 persons. Buried tanks alongside the shelter provide an ample water supply and a fuel supply for the emergency generator, which provides an assured power supply for ventilation and lighting. Tank-type toilet facilities are provided at the rear of the shelter area near the combination air-exhaust and emergency escape hatch. Demountable stretcher-type bunks are provided for the whole shelter population as well as tables and benches in the food preparation area. The photograph shows the shelter occupied by 100 men, women and children. The shelterees have decided to leave half the bunks in place during the daytime.

Although many single-purpose shelters have been constructed for operational use as emergency control centers, very few have been constructed to shelter the population. Most emergency planners will need to rely on protection provided by structures built for some peacetime purpose. Where such space is insufficient, plans must be laid to construct "expedient" shelters during a crisis period.

A SINGLE-PURPOSE SHELTER*



*Strope, W.E., et al., **The Family Occupancy Test, 4-6 November 1960**, U.S. Naval Radiological Defense Laboratory, Aug 1962. (AD 288 228).

EXPEDIENT SHELTERS

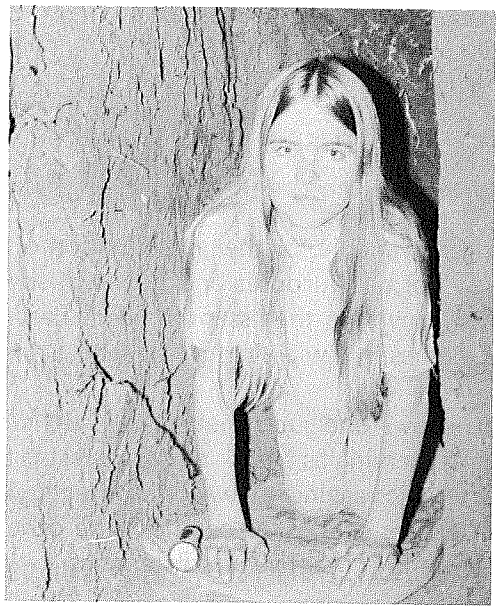
Where available shelter space is insufficient for the population, plans can be made to create good shelter during a crisis period. Single-purpose shelters of this type are called "expedient shelters." They are necessarily crude since they must be constructed of whatever is readily at hand. They can, however, be designed as a shelter and most offer substantial direct-effects protection as well as fallout protection.

The upper photograph shows the interior of a simple two-family shelter. The girl is looking from the angled entrance trench into the main shelter room. The roof is of small logs covered with earth. Using only common hand tools, shelters like this have been built by untrained rural families in less than 30 hours elapsed time.

The lower photograph shows the interior of a larger 30-person shelter built with about 100 man-hours of effort, aided by power excavating equipment widely available in rural areas. The design uses logs and scrap lumber. Air comes in the entranceway and exhausts through a small wooden ventilating box located above the girl lying on the upper bunk. Water is provided in a water barrel. A covered pail serves as a toilet. Food and other essential supplies are brought to the shelter by the people who will use it.

Instructions to permit untrained people to build these log shelters have been developed and tested. Where wooded areas are not readily available, other construction materials can be used. Instructions for building shelters using the interior doors from houses or using farm fencing and sod are under development and test.

HASTY SHELTERS USING LOGS*



*From Kearny, C.H., **Hasty Shelter Construction Studies**, Oak Ridge National Laboratory Annual Progress Report, March 1970–March 1971.

PANEL 12

DUAL-USE SHELTER SPACE

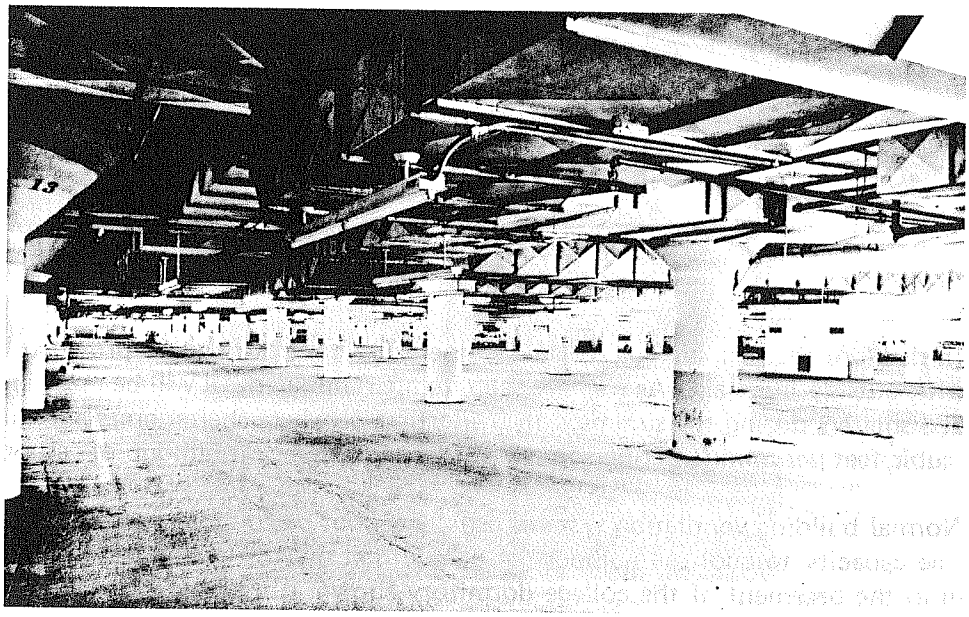
Most of the shelter space available for the consideration of local emergency planners is located in buildings built for normal purposes and not with shelter use in mind. This fact complicates the problems of providing the essential needs described in earlier panels. For one thing, this shelter space comes in a wide variety of shapes and sizes.

The upper photograph shows one such shelter area. It is one of three sub-basements below the Denver Hilton Hotel serving as a parking garage. It is a very large open space with very good protection characteristics against all weapons effects. At 10 square feet per person, it has a capacity to hold in excess of 12,000 people. The other two sub-basements are of similar construction, capacity, and protective characteristics.

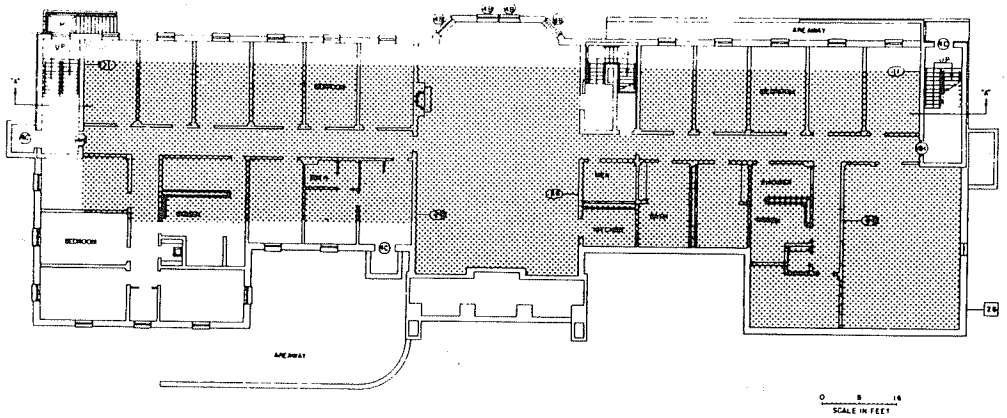
The lower sketch shows the basement of a college dormitory in Greensboro, North Carolina. Although there is one sizable common room, most of the space is broken up into individual rooms off corridors. Because of areaways and exposed basement wall with windows, not all of the basement provides good fallout protection. The area offering at least PF 40, according to the shelter survey, is shown as shaded area. These boundaries will not be marked in the building but, as we saw in Chapter 6, this is unlikely to be important since the best-protected parts should be determined by a radiation detection instrument, should fallout actually occur. Based on the survey, however, protected space is available for 800 persons.

It has been found that the wide variety of shelter spaces in the NFSS inventory fall into a limited number of categories. They are: (1) the basic single room, of which the Denver Hilton garage is an example; (2) a large area with small adjoining rooms; (3) areas partitioned into rooms of comparable size; (4) corridors with rooms off the corridor; and (5) corridors joining two large areas with rooms off the corridors. Finally, there are those of complex configuration with large numbers of rooms that form combinations of the foregoing categories. Clearly, these configurations offer both problems and opportunities in terms of providing air and temperature control, water and sanitation, sleeping arrangements and noise control, health and medical care, feeding and other activities, and lighting.

The use to which the space is put in peacetime is another important consideration. Depending on circumstances, the Denver Hilton garage is filled to greater or lesser degree with automobiles. The Bennett College dormitory basement contains bedroom and sitting room furniture. Other occupancies will have office furniture, merchandise, or stored supplies. Some of these items will find a shelter use. Others will interfere with use of the protected spaces as a shelter.



A VIEW OF THE SECOND BASEMENT OF THE DENVER HILTON GARAGE*



A COLLEGE DORMITORY BASEMENT**

*Gilmore, John S., **Pilot Study of Establishment and Maintenance of Community Shelters by Special Districts**, Denver Research Institute, Jan 1962.

Hedgecock, R.L., et al., **Documentation for Selected NFSS Buildings, Research Triangle Institute, Nov 1968.

VENTILATION

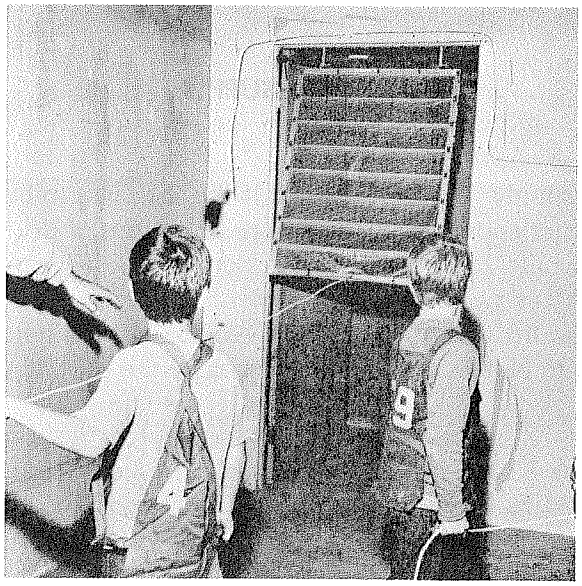
In dual-use shelters, air quality and temperature control must be provided by ventilation with outside fresh air. As we have seen, temperature control will be most important in crowded shelters during the summer. In wintertime or where shelter areas are not crowded, three cubic feet per minute per person will be needed to prevent buildup of carbon dioxide.

Normal building ventilation systems usually cannot be counted on because they do not have the capacity to cool the numbers of people that might be sheltered. The ventilation system in the basement of the college dormitory shown in the preceding panel is designed for the 40 students living there, not the 800 people that could be sheltered there. Since commercial electric power is unlikely to be available (See Chapter 4), emergency generators would be needed—they do not exist now— or plans would be needed to convert locally available equipment into generators during a crisis. (See Chapter 8 for information on how expedient electric power generation might be accomplished.)

For the most part, adequate ventilation can be provided by aiding natural ventilation forces with manually-powered ventilation devices. DCPA has developed a bicycle-type ventilating fan that could be stocked in shelters. Several thousand units were deployed in a pilot procurement in 1967 but these are not widely available.

A simple air pump that can be readily assembled by untrained volunteers in a crisis has been developed by C.H. Kearny of the Oak Ridge National Laboratory. The upper photograph shows one version of the Kearny pump, as it is called, being used in a shelter occupancy test. The device consists of a frame covered with a wire netting on which overlapping horizontal strips of plastic film are attached at their upper edges. Hung in the doorway of a windowless room, for example, and set swinging by pulling on a long cord, the plastic flaps press against the frame when swung in one direction, pushing air into or out of the room. On the back swing, the flaps open up so that air is pumped in only one direction. The lower photograph shows a group of citizens building a crude but serviceable pump of this type.

Natural ventilation occurs because of wind forces and also because warm air tends to rise. We believe that natural ventilation will be adequate in above-ground shelter areas if a sufficient number of windows are opened. In basements, ventilation is improved if cooler fresh air can be allowed to flow in through a stairway or windows at one end while warm shelter air exhausts up an elevator shaft or tall stairwell to higher windows at the other end. Air pumps can be used to facilitate this flow and to move air from corridors into adjoining rooms.



AIR PUMPS

KEARNY PUMP HUNG IN DOORWAY OF SHELTER ROOM*

*Anderson, J.A. and Meeker, S.D., **"People-Equipment" Application Evaluations—Test Results,** General American Research Division, April 1970.

LADIES BUILDING A CRUDE KEARNY PUMP TO VENTILATE AN EXPEDIENT SHELTER*

*Kearny, C.H., **Hasty Shelter Construction Studies,** Oak Ridge National Laboratory Annual Progress Report, March 1970—March 1971.

WATER SUPPLY

An assured water supply is very important if the shelter is to be occupied for an extended period. DCPA recommends supplying at least 3.5 gallons of drinking water per shelteree. In winter weather or where the shelter area is uncrowded, this recommended supply should be sufficient for as long as two weeks (See Panel 5). Under adverse weather conditions, it may be sufficient for as little as three days. Even so, water should **not** be rationed. Moreover, resupply is likely to be feasible in fallout areas by the third day after attack.

Most buildings to be used as shelter are served by the local water service. If electric power is required to pressurize the system, water is unlikely to be available after attack. If the pressure is provided by gravity flow from a water tank tower or reservoir, water may remain available in areas not subject to direct weapons effects. In areas potentially subject to blast effects, continued water service should not be expected.

Providing an assured water supply is largely a container problem. Many buildings may have hot and cold water storage tanks of various kinds, indoor swimming pools, and water of potable quality in heating systems and fire protection systems. Non-potable water supplies would be useful for sanitation purposes. On the whole, however, surveys have found that the amount of water normally stored in a building is insufficient for the numbers of people that could take shelter there. Moreover, water stored in aboveground parts of buildings should not be counted in the assured supply in blast-prone areas.

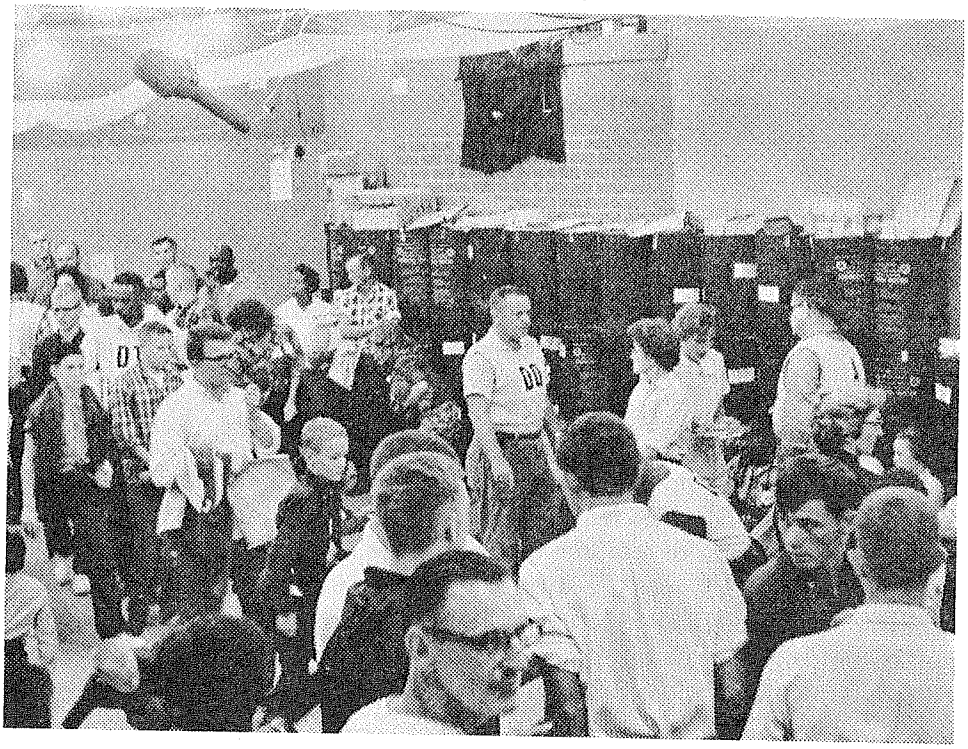
When shelter supplies were provided to local governments by OCD in the 1960s, metal water drums and plastic liners were provided for water storage. Each drum holds 17.5 gallons, the recommended supply for five persons. As can be seen from this photograph, the drums are quite bulky to store. To minimize the need, planners should base requirements on the number of people expected to occupy the shelter according to the community shelter plan rather than on the shelter capacity. It would also be desirable to establish, by on-site inspection, the amount of stored water already available in the shelter area. In one such inspection of a large office building, a 25,000-gallon tank of drinkable water, of which the building manager was unaware, was discovered in the basement.

Other implications for operational planning are:

(1) Plan to augment stored water in shelters during a crisis by collecting and distributing suitable containers, such as galvanized trash cans and plastic bags for liners, and having these filled in the shelters.

(2) No matter how good the shelter water supply is, plan for organized resupply by municipal forces in the early postattack period.

(3) Leave the shelter occupants to forage for additional water only as a last resort.



WATER DRUMS

WATER DRUMS STORED ALONG WALL IN SHELTER OCCUPANCY TEST

(For best blast protection, the drums should be placed in the center of the space with shelterees along the walls.)

SANITARY ARRANGEMENTS

Whether a dual-use shelter area has the essentials needed for shelter sanitation depends very much on its peacetime use. The two examples shown in Panel 13 both have conventional toilet facilities. There are four toilets on the second basement level of the Denver Hilton and about the same number in the dormitory basement. If the shelters were filled to capacity, these would be inadequate to serve 12,000 and 800 people respectively. DCPA recommends one toilet per 50 occupants.

Under most circumstances, continued availability of the normal water service should not be expected. Therefore, flush toilets could not be operated in the normal manner. Thus, this aspect of sanitation becomes largely a container problem, as was noted with respect to water supply. The existence of minimal toilet facilities is still useful. Containers used as toilets can be dumped once a day into the sewer system through the conventional toilet. If non-potable water is available in heating or fire protection piping, it could be used for final flushing after the daily dumping. Otherwise, large numbers of containers must be available that can be properly sealed when filled.

In the shelter stocking program previously mentioned, a sanitation kit was provided in a fiber drum, the drum to be used as the initial chemical toilet for up to 50 people. Metal water drums are intended to be used in the same way after the water is consumed. The kit contains a plastic commode seat, toilet paper, commode chemical (shown here in action), and other basic essentials. Unless the shelters are so stocked, equivalent facilities must be planned for crisis implementation.

Keeping the toilets and toilet areas clean is an important part of preventive medicine in a crowded shelter. Unless the shelter space is not occupied by people in its peacetime use, janitorial supplies, such as trash cans, brooms, mops, and the like, are usually available. Even if the shelter space does not have such supplies, they may be found in other parts of the building for relocation to the shelter area.

THE CHEMICAL COMMODE

THE CHEMICAL TOILET PROVIDED IN THE FEDERAL STOCKING PROGRAM

PANEL 16

SLEEPING ARRANGEMENTS

It is rarely possible to provide beds, cots, or other conventional furniture for sleeping in a dual-use shelter. Indeed, such equipment takes up too much space if the shelter is filled to capacity. In experiments where shelterees were allowed to bring sleeping equipment if they desired, air mattresses were a popular item. However, they tended to take up more than the allotted space, as shown in the photograph, and created problems between the "haves" and the "have-nots" in the shelter. Blankets and sleeping bags were found to be more suitable.

Depending on its peacetime use, the shelter area is likely to have a greater or lesser amount of furniture and equipment. A little imagination can convert much of this equipment to shelter uses. The relatively few beds in the Bennett College dormitory would best be used in a sick bay or for the infirm. Since most rooms have rugs, the discomfort of sleeping on a bare floor can be avoided for the most part. The Denver Hilton garage is a large barren space offering few opportunities for adaption. Automobiles parked therein could be slept in or on. Otherwise, only the bare concrete floor is available in the shelter area. The structure above, however, houses a major department store and a large hotel, both sources of large quantities of bedding. This fact points up the importance and usefulness of individualized planning for the use of large shelter facilities, based on an on-site inventory of potential resources in the shelter environs.

USE OF AIR MATTRESSES IN A SHELTER EXPERIMENT

PROVISIONS FOR MEDICAL CARE

Medical care needs in public shelters were described in Panel 8. It does not seem desirable or feasible for the government to provide for treatment of chronic medical conditions in shelter, since the medications should be prescribed for each patient by his doctor. But as noted earlier, chronically ill persons must be advised to bring their own medications with them. As shown in this table, the numbers of such persons in a "typical" group shelter could be quite substantial.

Medical care provisions for the illnesses likely to exist in the normal "healthy" population are important to the continued well-being of a confined shelter population. As shown in the lower part of the table, the incidence of acute (short-term) illnesses is much higher in winter than in summer. In other words, respiratory and infective illnesses are at their low ebb during the period when hot, humid shelter conditions may place additional strain on the body.

As part of the shelter stocking program of the 1960s, medical kits were placed in many dual-use shelter areas to serve the basic health needs of a confined group during a critical period of unsafe radiation levels outside. The items selected were those of fundamental necessity that would be reasonably safe to use without professional supervision. The U.S. Public Health Service has developed augmentation lists of priority medical supplies for childbirth and child care in shelters, contents of an expanded physician's medical bag, and the like. As a general policy, shelters should not be stocked with items that could be used effectively and safely only by physicians or highly-trained paramedical personnel.

On the other hand, it is good planning to arrange for assignment of local physicians to major shelters. This would greatly increase the prospects for adequate in-shelter medical care and, presumably, would improve the chances of survival of medical personnel needed post-attack. Where this is done, reasonable plans can be made to cope with treatment of attack casualties that might occur. Such treatment requires the availability of medical supplies, the attendance of persons possessing surgical skills, and adequate space and lighting. Only where these criteria can be met should formal casualty treatment be considered. Otherwise, the treatment taught in the Medical Self-Help course must suffice.

INCIDENCE OF ILLNESS IN THE POPULATION*

	Percent Affected
CHRONIC CONDITIONS	
Asthma and Hay Fever	3
Arthritis and Rheumatism	10
High Blood Pressure	6
Heart Conditions	4
Peptic Ulcer	2
Diabetes	2
Chronic Bronchitis	3
Epilepsy	0.5
One or More Chronic Conditions that Limit Activity	12
Pregnancy	2
ACUTE ILLNESSES IN THREE-MONTH PERIOD	
Respiratory Ailments, Winter	47
Respiratory Ailments, Summer	15
Infective and Parasitic Diseases, Winter	7
Infective and Parasitic Diseases, Summer	5
Digestive Ailments	3
Other	16

*From **Report of Ad Hoc Committee on Medical Care in Public Fallout Shelters,** National Academy of Sciences, August 1964.

PRIORITY INITIAL ACTIONS IN RISK AREAS

Since people are most likely to be advised to seek shelter upon warning that an attack on the country has been detected (ATTACK WARNING), not more than 15 to 30 minutes may be available before detonations occur. In areas potentially subject to direct attack (risk areas) this suggests not only that the shelter must be close at hand but also that certain initial in-shelter actions must be accomplished very quickly.

The most important initial action upon loading a shelter in response to attack warning is to place the occupants in the best locations to survive direct weapons effects. As discussed in Chapter 2, such areas are mainly in basements, although core areas aboveground may be used when it is the best available. Review Panels 20 and 21 of Chapter 2 for suggestions on the best protective positions for people to take in the shelter area. Since this "maximum protective posture" generally involves sitting around the periphery of the shelter area, shelter supplies should be moved to the central area, if not already done.

After locating people where they are least vulnerable to direct effects, the next most important initial action is to organize and instruct **fire guard teams.** These teams, formed from able-bodied adult shelterees, must be prepared to carry out a rapid reconnaissance of aboveground parts of the shelter building if a close-by detonation should occur, locating and suppressing any smouldering ignitions found (see Panels 26 and 30 of Chapter 3).

People can adapt to crowding in the best protective locations for several hours at least. Our best estimate is about 6 hours. Since this period of time is likely to be the period of maximum threat from detonations in the vicinity, crowding into basements is a viable option for increased life-saving. The main limiting factor on the practicability of staying in the maximum protective posture is the adequacy of ventilation to maintain temperature control. This will be a more serious problem in hot summer weather than in cooler seasons. A team should be organized to monitor the shelter environment and promote natural ventilation (Panel 14) as necessary. As long as electric power is available, the building ventilation system should contribute. If manual ventilation devices, such as the Kearny pumps, have been provided, the ventilation watch should be charged with setting these up, should a need exist.

Maintaining order is essential to the survival of the shelter occupants. People will generally follow the instructions of visible and trained shelter leaders under stress conditions. The only concession to "creature comforts" should be provision of minimum toilet facilities, preferably in or adjacent to the best protected areas. Except for safety tasks (fire, police, medical, RADEF, and ventilation) and minimal sanitary arrangements, it is best to defer other life-support activities for several hours until the protective posture can be relaxed.

PRIORITY PROTECTIVE ACTIONS (DIRECT EFFECTS)

1. Place the people in the maximum protective posture to survive direct weapons effects.
2. Organize shelter fire guard teams.
3. Organize a ventilation watch.
4. Maintain law and order.
5. Provide minimal sanitation facilities.

INITIAL ACTIONS IN NON-RISK AREAS

In rural and small city areas where the occurrence of direct attack effects is unlikely, much more time is available for shelter-taking and initial in-shelter organization. Fallout, should it occur, will begin to arrive several hours or more after distant weapon detonations are observed (see Chapter 6). It is still desirable to send people to fallout shelter upon ATTACK WARNING since loss of electric power and communications due to EMP effects (see Chapter 4) may make it difficult to advise them later of impending fallout arrival.

Maintaining law and order to promote the survival of the shelterees should be the first priority for shelter management. Shelter-taking is a basic action for obtaining closer control over the population for its own safety. Police should prohibit unauthorized movement not associated with the shelter plan. In shelters, one or more Fire, Safety, and Security Teams should be recruited immediately from early arrivals by a law enforcement officer, if available, or other person experienced in handling movement of large numbers of people. This team should prevent the bringing in of pets, bulky items, and other unneeded materials into the shelter and should distribute the arriving people throughout the building without regard for preferred fallout protection. Later, this team can dispose of flammables that could create a fire hazard, move equipment that might be a safety hazard, open windows to improve ventilation, and locate the radiation detection instruments.

Organizing the shelter occupants into manageable groups should be accomplished next. Depending upon the size of the shelter and its configuration, this may require recruitment of temporary group leaders to carry the word throughout the facility. Leaders should be **visible**; a uniform is best, no matter what kind; an arm band is next best; and, lacking that, a handkerchief should be tied around the left arm. Through these leaders, the shelterees need early "orientation" concerning the existing situation as it can best be determined, the plan for organization of the shelter, and the critical safety, health, sanitation, and other rules that must be observed.

The population of the shelter is best organized into units of about 10 persons, based on kinship, friendship, and common interests. In small shelters (less than 100 persons), the elected unit leaders are the only formal organization required except for task teams. In larger shelters, 5 or 6 units should be grouped into a section, sections into divisions, etc., letting the size of the community groups conform to the separate rooms and floors of the shelter building.

Except for safety tasks (fire, police, medical, ventilation, and RADEF) and minimal sanitary and water arrangements, it is best to defer other life support activities until several hours after shelter occupancy, unless it proves desirable to proceed further. If and when the fallout threat becomes actual, shelterees should be placed in those sections of the facility having the best fallout protection based on measurement of radiation levels, even if this means crowding. And, whether or not fallout occurs, people should remain in shelter under organized control and support at least until notified that further attack is unlikely.

PRIORITY ACTIONS (FALLOUT ONLY)

1. Organize Fire, Safety, and Security Teams.
2. Distribute the people throughout the shelter building as necessary and maintain order.
3. Organize the occupants into manageable groups.
4. Provide minimal sanitary and water arrangements.
5. When fallout occurs, crowd people into best protected areas, based on measurements.

EMERGENCY RESPONSE TO DAMAGE

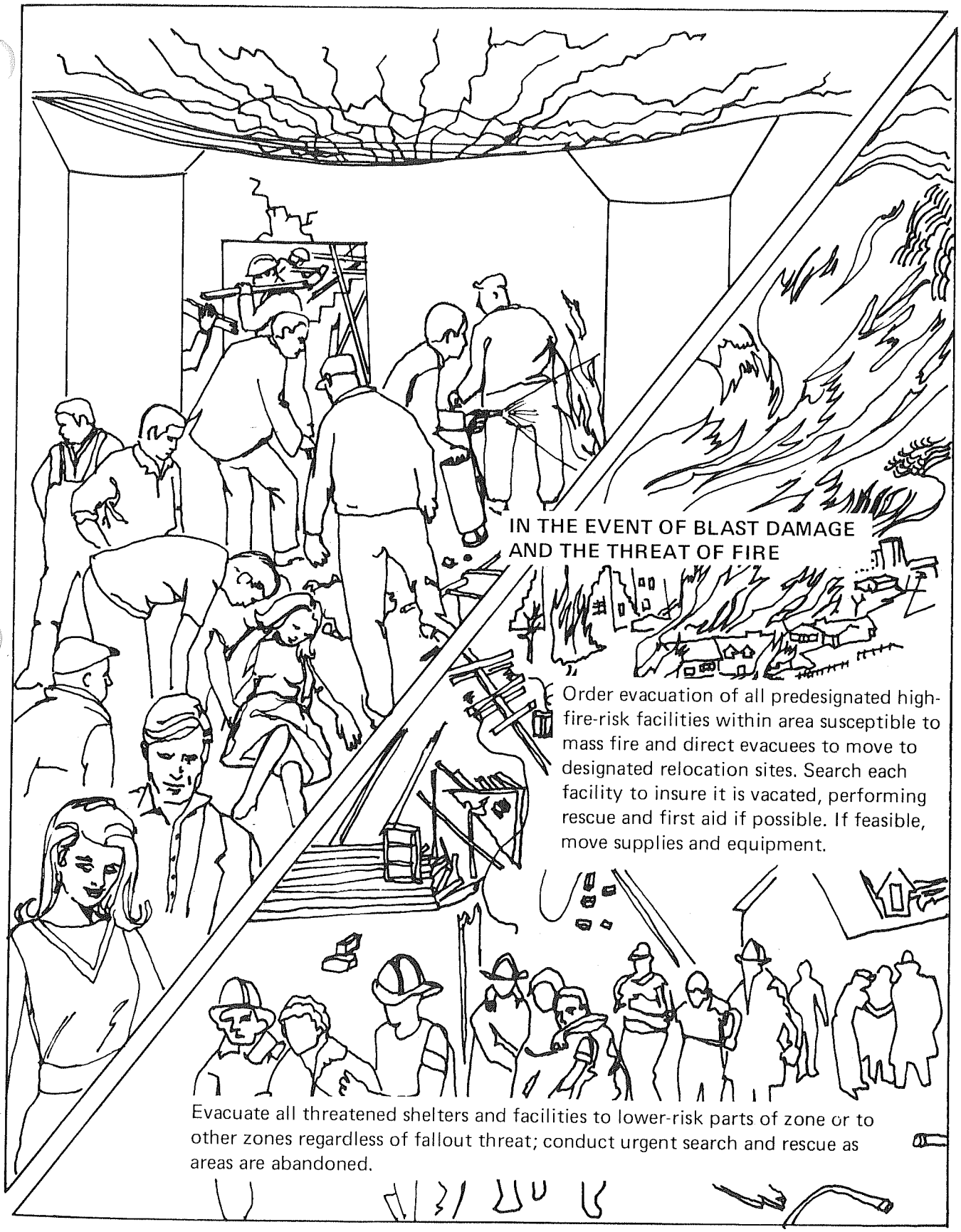
Shelters are intended to provide substantially better prospects of survival in an attack than otherwise might be the case. But no shelters, even specially-built shelters, are proof against a "direct hit." In areas of moderate to severe damage, dual-use shelter areas will experience a greater or lesser degree of damage, with possible injuries and entrapment.

Where damage is minor, the shock and sounds of breaking glass and displacement of furniture outside the shelter area will be impressive. If the shelter area is dusty, a cloud of dust may be raised. At somewhat higher overpressures, light fixtures and false ceilings, if they exist, may fall to the floor. These may cause injuries, mostly minor in nature. Exterior doors may be blown in and interior partitions damaged. Stairways and other access routes may become blocked. Review Chapter 2 to become familiar with the kinds of damage that can occur in areas where survival may remain high.

Should damage occur, fire guard teams should emerge to assess the situation and to suppress incipient fires, if found. Those remaining should render aid to the injured. The shelter area should not be abandoned unless it is obviously untenable or unless a reconnaissance indicates that an uncontrollable fire situation is in prospect. If the suggestions of Panel 25, Chapter 3, have been incorporated into local emergency plans, the leadership in so-called high-risk shelter facilities will be aware of the need for prompt evacuation and will have a designated low-risk shelter facility to which the survivors should go.

In many cases, egress may be blocked by debris. Therefore, basic rescue tools, such as wrecking bars, saws, ropes, and jacks, are desirable supplementary shelter equipment in risk areas. Dual-use shelters will vary widely in their susceptibility to damage. Hence, those in shelters that suffer only minor damage should be aware of the existence of other shelters in the immediate vicinity and should take the initiative to examine the condition of their neighbors and to aid in rescue to the extent necessary. In particular, task teams from low-risk facilities should go out to meet those abandoning high-risk facilities when advised that relocation is required. As shown in Chapter 6, fallout radiation should not restrict these early life-saving operations in most of the damaged area.

A special problem may be presented to occupants of basements of residences and other lightly constructed buildings. As noted in Chapter 2 and Panel 33 of Chapter 6, the building may be blown clear of the basement, greatly reducing the protection from subsequent fallout. Emergency actions must be directed toward improving the fallout protection, using the nearby debris as a source of materials.


IN THE EVENT OF BLAST DAMAGE
AND THE THREAT OF FIRE
Order evacuation of all predesignated high-fire-risk facilities within area susceptible to mass fire and direct evacuees to move to designated relocation sites. Search each facility to insure it is vacated, performing rescue and first aid if possible. If feasible, move supplies and equipment.
Evacuate all threatened shelters and facilities to lower-risk parts of zone or to other zones regardless of fallout threat; conduct urgent search and rescue as areas are abandoned.

PANEL 21

EMERGENCY RESPONSE TO FALLOUT

Just as in the case of blast and fire, dual-use shelters vary widely in the protection afforded against fallout radiation. Should fallout occur, the basic objective should be to keep the average radiation exposure of the shelterees as low as possible. As discussed in Chapter 5, there is no completely safe exposure, however low. People should be crowded into the areas showing the lowest dose rates as measured by a CD V-715. Additional shielding can be achieved by crowding people together. People in the most exposed locations should be rotated periodically with people less exposed, except that children and persons of child-bearing age should be given preferential protection. If ventilation is inadequate, groups of shelterees may be rotated into cooler areas for relief.

In heavy fallout areas, the most intense period of fallout radiation will persist for the better part of a day. See Chapter 6 for rules of thumb on radiological decay. If, despite the measures described above, substantial exposures are received, these should be evident by the occurrence of nausea and vomiting during the first day. As noted in Panel 3, Chapter 5, these symptoms occur at doses well below those that result in severe sickness and death. Moreover, nausea and vomiting are symptoms also of simple anxiety, stress, and fear. If exposures of 75 to 100R or more have indeed been received, this fact will be confirmed by temporary loss of hair from the head during the second week. Confirming measurements by dosimeters are also helpful. Identification of overly exposed groups while in shelters is important because these people must be shielded from further radiation exposure to the extent possible. They are of no use as workers at urgent tasks in a fallout environment. There is no specific treatment for radiation sickness available. However, since one aspect of radiation injury is the lowering of resistance to infection, rest, good sanitation, and prevention of infection is indicated.

People should not be led to fear radiation exposure blindly, as this may immobilize any attempts to deal with other threats to life safety. They should be reassured that radiation sickness is not contagious and that the occurrence of symptoms does not portend inevitable death. Respect and caution, not fear, is appropriate in a fallout environment.

GETTING FAMILIAR WITH RADEF

INITIAL ACTIONS IN RESIDENTIAL BASEMENTS

As emergency plans for in-place protection in urbanized areas are updated to recognize all hazards in the attack environment rather than just fallout, the use of residential basements for shelter will become increasingly important. Chapter 2 demonstrated that just getting people belowground in a basement had major lifesaving potential. Moreover, people are generally less vulnerable at home as compared to being at work where they are more concentrated in commercial and industrial areas. On the other hand, there are few large building basements in residential areas and not every home has a basement. Thus, sharing of those basements that exist may be the best sheltering plan.

The average residential basement has about 1200 square feet of area. Some of this space is occupied by furnace, hot water heater, laundry tubs, and the like, but generally as many as 100 people could be sheltered readily. Only in some parts of the South and Southwest would such intensive use seem necessary. In most cases, the use by several families rather than just one family would be sufficient. There is considerable merit, however, in encouraging 5 to 10 families to use the best basement, even if several are available. People seem to weather crises better as a group rather than separately. A wider range of skills, including leadership, can be found in the group of 20 to 50, and the young and elderly can receive better care. The chance to have trained people in the shelter and to be able to communicate with local authorities is also greater. The list of emergency actions suggested here is an indication of why group use of residential basements makes sense.

Upon ATTACK WARNING, neighbors would go to the selected basement, bringing with them the agreed-upon supplies. The supplies would be stacked in the center of the basement along with movable furniture and equipment. As one can see from the middle sketch of Panel 12, Chapter 2, placing a heavy table or work bench beneath the center of the span of floor joists would prevent the joists from being pushed all of the way into the basement, if broken by a blast wave.

As soon as the basement walls are cleared, people should sit along the basement wall, the best protective position. If blankets or mattresses have been brought, they should be placed over the body to shield against flying bits of debris. Then an emergency team should be organized, whose first task would be to break out the basement windows to remove the possibility of flying glass. As this is being done, water can be drawn and the utilities turned off to minimize secondary fires. Then the emergency team should be ready to perform the tasks described in the previous panels, should attack occur.

PRIORITY ACTIONS IN RESIDENTIAL BASEMENTS

1. Send everyone to the basement.
2. Move all furniture, shop benches, and equipment to central part of basement and deposit supplies with them.
3. Have people sit along basement wall.
4. Organize an emergency team, who:
   (a) break out basement windows, sweeping up glass pieces,
   (b) draw water in laundry tubs and other containers,
   (c) shut off electric, gas, and water utilities,
   (d) prepare to suppress fires and rebuild fallout protection.
5. Provide pail or other toilet facility.
6. Maintain protective posture for at least 6 hours.

SOME POINTS ON HUMAN BEHAVIOR

The popular image of how people behave in disaster is filled with lurid scenes of society and human nature in the process of disintegration. According to this image, people trample one another and lose all sense of concern for their fellows. Many people, so it is believed, become hysterical or are so stunned as to be helpless. Others turn to looting and other forms of selfish behavior. The aftermath is widespread immorality, social conflict, and mental derangement. This grim picture is continually reinforced in popular fiction, movies, television dramas, and journalistic accounts.

Scientific disaster field studies have demonstrated that these popular images are false. In contrast, they show that, under disaster conditions, people have a heightened sense of concern for others and that mutual aid and acts of unselfishness are much more common than under normal conditions. The sharing of a common threat to survival and widespread public suffering produce a dramatic increase in social solidarity that helps people to quickly overcome the usual disorganizing effects of trauma and stress. In general, the scientific studies show that communities and nations typically demonstrate amazing toughness and resiliency in coping with the destructive effects of disaster and unusual speed in restoring and revitalizing their social institutions.

People become attentive in time of crisis. But the crisis and warning periods have their behavioral problems. The public has come to believe pronouncements that nuclear war means complete annihilation. When asked in a recent survey what they would do should warning of an impending attack occur, fully 40 percent responded that they would do nothing but sit quietly at home to await their fate.

When the threat becomes clearly defined and danger is imminent and personal, people usually take actions to protect themselves and others rather than engage in irrational acts that increase the danger. The notion that people typically "panic," become "hysterical," or "go to pieces" in the presence of danger is not supported by disaster research findings. Of course, whether their behavior is appropriate depends to a great extent on the information and training they receive in the period preceding the warning of danger.

Disasters do not render people a dazed and helpless mass, completely dependent on outside help. To the contrary, the immediate and pressing tasks of rescue and aid are usually accomplished by the survivors themselves and, if a group is isolated for some time, it will develop the necessary emergency organization to cope with the problems at hand.

Finally, people directly affected respond to purposeful leadership. They rapidly shift from self-interest to motivation for common survival. Injured disaster victims are almost invariably quiet, calm, undemanding, and concerned for the welfare of others. Uninjured survivors will aid the injured and helpless, almost without regard to self, if they are in a position to do so, and have the necessary equipment and training. (Peacetime disaster field studies show that disaster victims have been able to cope with all immediate disaster problems except those that require special equipment or advanced medical skills.)

PEOPLE IN DISASTER

1. DO NOT panic or "go to pieces."
2. DO take actions to protect themselves and others.
3. ARE NOT rendered dazed and helpless.
4. DO accomplish essential rescue and relief tasks.
5. DO develop ways to cope with pressing needs.
6. RESPOND to purposeful leadership.
7. ARE motivated for the common survival and speedy recovery.
8. ARE quiet, calm, and undemanding, if injured
9. WILLINGLY aid the injured and helpless, if they are capable of doing so.
10. DO need information and direction and the necessary pre-disaster training in specialized survival, rescue, and medical treatment skills.

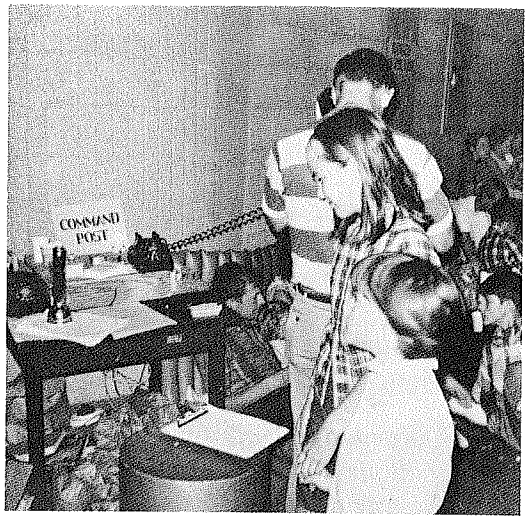
DIRECTION AND CONTROL

People under stress need direction and control. They tend to follow the instructions of anyone having a symbol of authority, if the instructions appear sensible. Maintaining order to promote the survival of the shelterees (through proper positioning, for example) is the first priority upon taking shelter. Maintaining social standards may also become important if the degree of threat from weapons effects remains low for an extended period. As has been noted, the priority of actions to be taken against direct effects differs from those in fallout areas, but the requirements for direction and control are essentially the same.

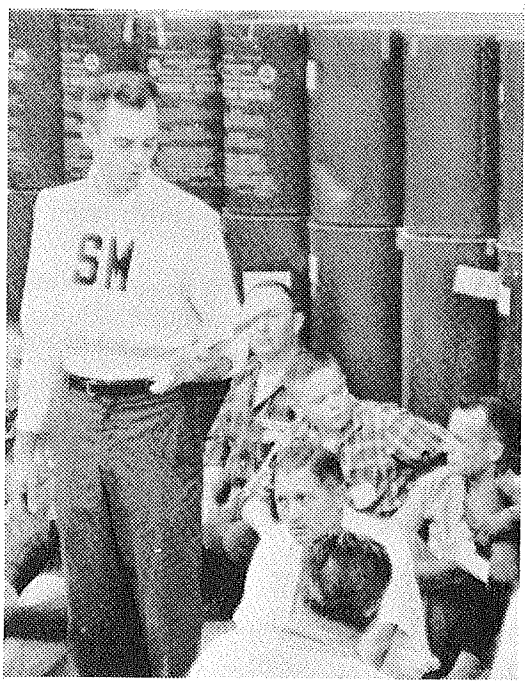
If the people in a particular shelter area are completely isolated from contact with the "outside," the organization and functions within the shelter must cover the whole gamut of emergency functions discussed in Chapter 1: police, fire, medical, welfare, and resource control, all organized through direction and control. Successful sheltering is greatly aided by external communications. The status of shelter occupants, facility conditions, and supplies can be reported to the local Emergency Operating Center (EOC) throughout the shelter occupancy. It is preferable that shelters short of drinking water, for example, be resupplied by organized public works teams, with foraging by teams of shelterees used only in event communications fail or damage, debris, or fire preclude resupply. If the shelter becomes untenable, the EOC can organize aid for relocation to an alternate facility. Guidance on fallout conditions and probable shelter stay time can be given. And information on general conditions and what is being done about it will be important to shelteree morale.

Management of public shelter facilities, including groups in residential basements, should not depend entirely on one-way information heard on commercial radio (EBS). Two independent means of two-way communications are desirable in risk areas—telephone and Citizens Band or amateur radio, for example. Where many public shelters exist in a local jurisdiction, plans should designate a more limited group of shelters as "Shelter Complex Headquarters," with which other shelters in the vicinity communicate.

Internal communications are also necessary for direction and control. Sometimes, operable public address systems are available in dual-use shelter facilities. But, more likely, internal communications will be by announcement of information and instructions. In large shelters, organization of the population into manageable groups and selection of group leaders are necessary for this purpose.



EXTERNAL COMMUNICATIONS



INTERNAL COMMUNICATIONS

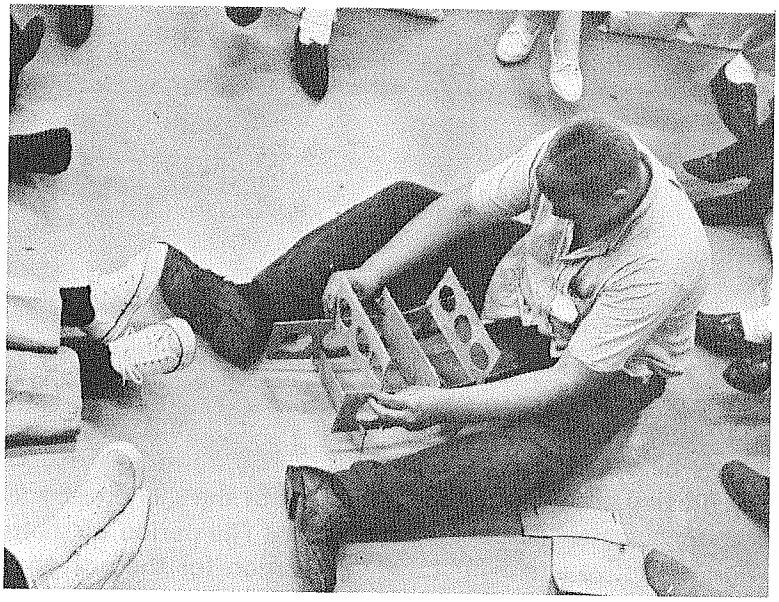
PANEL 25

LIFE SUPPORT TASKS

Once the emergency tasks directed toward survival of the shelter occupants are no longer critical, the more routine functions of shelter living can be organized. When the maximum protective posture in risk areas and heavy fallout areas can be relaxed, the occupants can be organized into units, sections, etc., if not already accomplished, and task teams formed to accomplish the necessary functions. Shelter occupancy tests have shown the importance of giving every shelteree a job he can call his own. This applies to children and the elderly as well, except for the very young and the disabled.

"Life support" tasks are among the most essential: food and water distribution, sleep, health, and sanitation. Continued ventilation of the shelter area must also be accomplished. Specific arrangements must be adapted to the shelter configuration and the available facilities and equipment. In small shelters, occupants can go to pick up food and water at a distribution point; in large shelters, food and water is best delivered to groups of shelterees where they "live." There are many detailed chores to be accomplished. In the upper photograph, for example, a rack for water cups is being constructed from a cardboard carton.

Toilet facilities must be set up and kept clean. Trash and litter must be disposed of. A sick bay should be designated and a daily sick call scheduled. A 24-hour communication and safety watch should be established (lower photograph). All this leads to a schedule of daily activities that becomes routine if a lengthy shelter stay is required. Shelter occupancy tests have shown that shelterees solve the problems of shelter living and make the necessary adjustments in the first 48 hours. Thereafter, they can remain indefinitely so long as the shelter environment remains habitable and essential supplies are adequate.



MAKING A CUP RACK

COMMUNICATION AND SAFETY WATCH

MORALE SUPPORT ACTIVITIES

In addition to the essential life-support tasks, other organized activities are desirable in shelters. These may be called "morale support activities," although they usually contribute to the physical well-being as well as the mental health of the shelterees, and often are directed at preparing the occupants for shelter emergence. The period of shelter stay should be viewed as a period of active and productive preparation for the post-shelter environment, not as a period of listless "waiting-it-out."

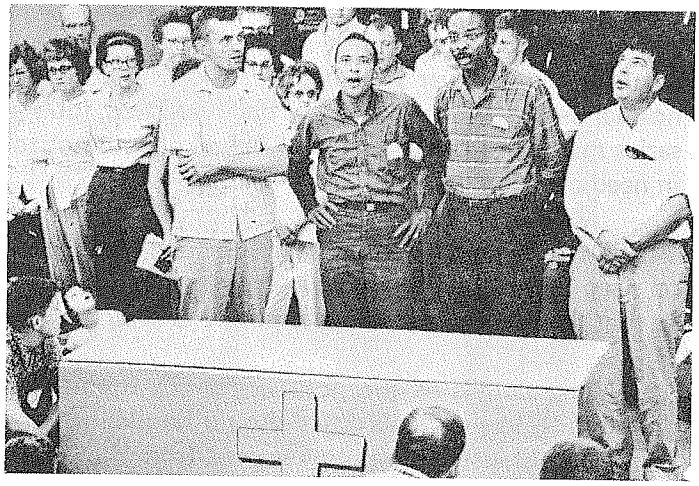
It is both psychologically and practically unrealistic to view the period of shelter stay as one of soothing "hearts and flowers" music, leisurely recreation, and the conspicuous consumption of pre-stocked fruits of a beneficient society. People in shelters will be anxiously oriented toward the future, and the more realistic and meaningful the fit between the shelter activity and the future needs of the society, the greater the likelihood will be of channeling this anxiety into socially useful form.

Organized nurseries or "day-care" arrangements are useful to provide parents with relief from child care and to allow attendance at adult activities. Adults take turns supervising the children, organizing their games, and providing informal entertaining. Sometimes, little school classes are instituted.

One form of adult activity of importance is training sessions on subjects relating to shelter confinement and postattack conditions. Information of the type covered in Chapter 8 but based on the real situation in the locality, State and Nation, should be presented to the shelterees in preparation for participation in post-war reconstruction and recovery. Even in peacetime shelter experiments, participants have been found eager to learn of these matters. The motivation in an actual emergency should be even higher.

EXERCISE SESSION

RELIGIOUS SERVICE



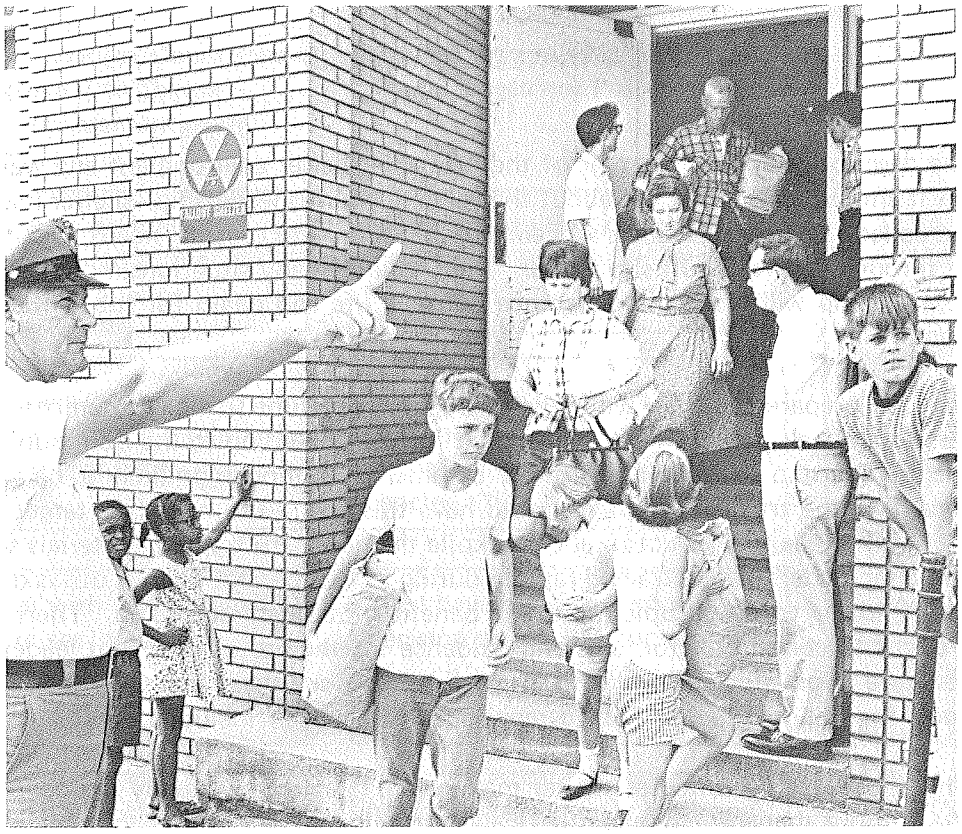
TRAINING SESSION

SHELTER EMERGENCE

Even in areas that experience no attack effects, the population should remain in shelter until notified by the authorities that the danger of further attack and fallout is unlikely. This period may be several days or more, during which time the shelterees can be informed as to what to expect in the post-shelter period. Because a particular locality escapes damage or significant fallout does not mean that the population can scatter from the shelters and resume their pre-war way of life. A disrupted economic system elsewhere will mean that normal means of livelihood may have vanished, food, fuel, medical supplies, and other necessaries may not be available in the market, and not too far away there will be fellow citizens in need of help.

Where fallout radiation persists, shelter emergence may be delayed, and people may need to sleep and live in shelters when not at work. In a sense, shelter emergence will be gradual so that unnecessary radiation exposure is avoided.

Many details of the post-shelter environment are described in Chapter 8. These will dictate how shelter emergence should be planned for. In general, shelterees should not be released until instructions are received from the local authorities to do so. Much preparatory activity is required, even in the best of circumstances. The local government would need to take control of essential resources, conduct an inventory, set up rationing or other means of equitable distribution, resume public safety and utility services, and complete arrangements for support of the population and survivors from other areas, should they be under the responsibility of the local government.



LEAVING THE SHELTER

PANEL 28

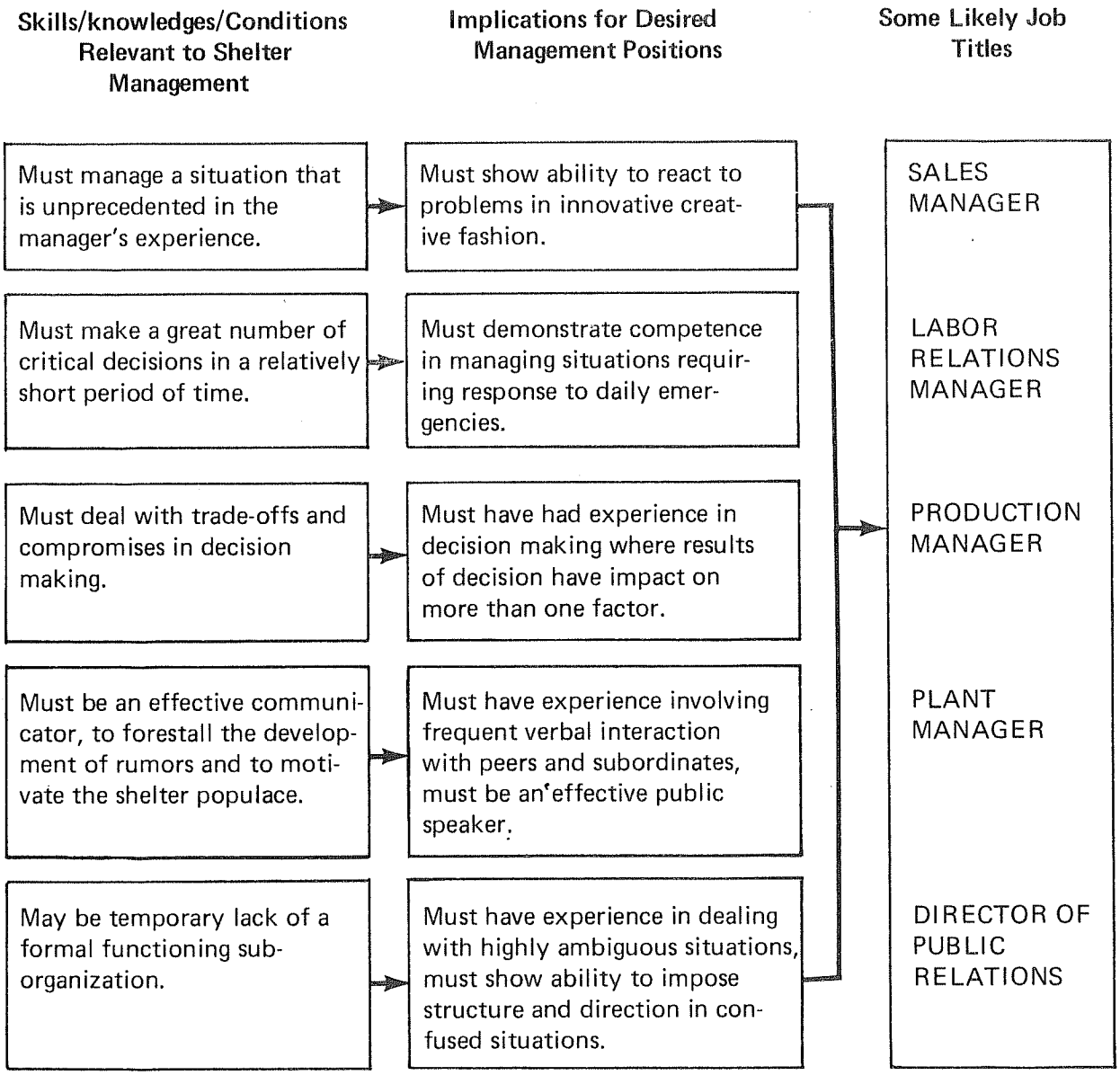
TRAINED LEADERSHIP

The description in this Chapter of the probable shelter environment and ways of coping with it should leave no doubt about the value of trained leadership—shelter managers, as they are called. Of course, leaders will emerge in response to pressing needs, and groups can muddle through very difficult situations. There will be many situations, however, in which trained leadership will make the difference between life and death for substantial numbers of citizens.

The ideal preparedness goal would be to train in peacetime sufficient numbers of shelter managers to staff all public shelters scheduled for use according to the Community Shelter Plan, including group shelters in residential basements. Although unlikely to be achieved in most localities, the training program should have this goal. The next best target is to train enough shelter manager instructors and stockpile the necessary training materials so that the needed shelter leaders can be trained rapidly during a crisis period. Even if this is done, some shelters are likely to be occupied without benefit of trained leadership. Therefore, each shelter ought to contain instructions and guidance for the use of emergent leaders. Where facilities have been stocked with Federally-furnished supplies, the OCD booklet, H-16, **Handbook for Fallout Shelter Management**, has often been included.

Who should be recruited as shelter managers? It appears virtually impossible to take someone without management experience and turn him into a manager through exposure to a short course of training. It is, however, quite feasible to take someone with a strong management background and in a short time give him the technical information required to manage a shelter effectively. This suggests that upper-level executives from organizations housed in structures designated as shelter facilities are potential candidates. The ideal manager appears to be one who is capable of working in ill-defined situations; one who can provide structure and direction and then proceed with the tasks at hand; a person who is creative in the face of unique, unprecedented problems; a person used to the tumult of situations demanding decisions; an effective communicator who has practice in dealing with people. As shown on this chart, these desirable characteristics **may** be associated with certain types of positions within the average business organization.

RELATIONSHIP OF MANAGERIAL SKILLS


Skills/knowledges/Conditions Relevant to Shelter Management
Implications for Desired Management Positions
Some Likely Job Titles
Must manage a situation that is unprecedented in the manager's experience.
Must show ability to react to problems in innovative creative fashion.
Must make a great number of critical decisions in a relatively short period of time.
Must demonstrate competence in managing situations requiring response to daily emergencies.
Must deal with trade-offs and compromises in decision making.
Must have had experience in decision making where results of decision have impact on more than one factor.
Must be an effective communicator, to forestall the development of rumors and to motivate the shelter populace.
Must have experience involving frequent verbal interaction with peers and subordinates, must be an effective public speaker.
May be temporary lack of a formal functioning sub-organization.
Must have experience in dealing with highly ambiguous situations, must show ability to impose structure and direction in confused situations.
SALES MANAGER
LABOR RELATIONS MANAGER
PRODUCTION MANAGER
PLANT MANAGER
DIRECTOR OF PUBLIC RELATIONS

PANEL 29

WHO MAKES A GOOD SHELTER LEADER?

There appear to be two main characteristics desired in a shelter manager—management ability and ability to perform despite physical threat stress. In both areas, selection of individuals can best be accomplished at the present time by examination of experience rather than through the use of sophisticated psychological tests.

Most people with the sort of experience desired will be mature, middle-aged persons. Physical health is also clearly important to consider. As noted in the previous panel, the best sources of people with management ability are those who currently hold executive management positions. If the shelter building houses appropriate businesses, there is the further advantage of procuring managers who are generally familiar with the shelter area and its surroundings and who know and have the respect of at least some of the possible shelter occupants. Alternate sources of those with management experience are organizations committed to public service, key governmental employees, and neighborhood Federal agencies.

Experience showing tolerance to the stress of physical threat is more difficult to define. One kind is military combat experience, particularly in a leadership role. A subtle but important difference is the need to interact with civilians not under military discipline. Two other kinds of experience are useful. One is the reaction to threatening situations that may have confronted him, such as natural disasters or serious accidents. The second is the tendency to choose an avocation that involves some danger or personal risk.

All this is difficult to put on a rating sheet. Nonetheless, we have done so just to make these ideas more concrete. Test yourself!

RATE YOURSELF AS A POTENTIAL SHELTER LEADER

		Points
1.	Age: Under 30, 5 points; 30–60, 10 points; over 60, 5 points.	_____
2.	Physical Health: Excellent, 10 points; Good, 5 points; Poor, 0 points.	_____
3.	Have you ever succeeded as a sales manager? 10 points; High school teacher or principal? 8 points; Actor, PTA president, or clergyman? 6 points; Supervisor of at least 30 people? 4 points. (If more than one, choose highest points and add 2 points.)	_____
4.	Have you ever led men in combat (not just military experience)? Yes, 8 points; No, 0 points.	_____
5.	Have you ever played an active role in dealing with a natural disaster you were directly involved in? 8 points; serious accident? 5 points.	_____
6.	Have you successfully practiced any of the following avocations for at least a year? Mountain climbing, cave exploring, auto racing, power boat racing, scuba diving, white-water canoeing? Yes, 6 points; No, 0 points.	_____
7.	Do you believe you could manage a shelter effectively after reading this chapter? Yes, 5 points; No, 0 points.	_____
	Total	═══

RATING:		
	Over 50 points	– Perfect Choice
	35 to 50 points	– Likely Success
	25 to 35 points	– Better than Average
	Less than 25 points	– Probably Not

(What's that? You say you're a middle-aged spinster who teaches English at the high school, scuba dives on weekends, and thinks managing a shelter would be a blast? You'd make a good choice. Take me to your shelter, leader!!)

THE SHELTER USE PLAN

Since any shelter can be used more effectively with a plan, every major shelter facility should have a use plan prepared for it. Both shelter use plans **and** trained leadership are needed for proper sheltering of the population. For example, a definite ventilation plan should be available before occupancy. The best protective locations for occupants should be identified. Potential destinations for relocation should be planned in advance in the event the shelter area must be abandoned as untenable.

In smaller shelters, merely filling in the blanks in the Immediate Action Instructions of H-16, **Handbook for Fallout Shelter Management**, will satisfy most of the need for a shelter use plan. In larger shelters or those having special characteristics, a more detailed plan is desirable. An integral part of the shelter use plan should be a detailed sketch of the shelter areas, showing significant features, including location of supplies and equipment. The use plan should also contain information on the location of survival resources and other shelters in the vicinity.

A listing of the essential elements of information that should be in a typical shelter use plan are shown on this chart. Why these elements are important has been outlined in this Chapter. The ordering is intentional. The last 5 elements are "operational." If the shelter were to be used without prior preparation (the "surprise attack" situation), one would start with element 6. Why aren't these last elements listed first? In Panel 26, Chapter 1, some planning assumptions are listed. The first is "A period of crisis will most likely precede a nuclear conflict." It seems prudent to plan on the basis that trained leadership may be able to man their shelters prior to ATTACK WARNING, that familiarization can occur, that furniture and supplies may be acquired or moved about, and that preparations may be completed before the population begins to move to the shelters.

WHAT'S IN A SHELTER USE PLAN

1. Where the best protected areas are.
2. What needs to be done to shift from peacetime use to shelter use.
3. Essential supplies and equipment, where they are, and how to use them.
4. What professionals (doctors, nurses, policemen, firemen, building engineers, etc.), if any, are assigned and who they are.
5. Suggested organization for THIS shelter, including how many fire-guard teams to form, and the like.
6. Specific initial action schedule upon loading the shelter, preferably a checklist.
7. Who NEXTUP* is, his phone/call number, and reporting instructions.
8. What to do if the shelter must be abandoned for any reason.
9. Resupply resources in the environs, in event NEXTUP* cannot help.
10. Location of nearby shelters and mutual aid arrangements.

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*NEXTUP = Shelter Complex Headquarters or local Emergency Operating Center.

SUGGESTED ADDITIONAL READING

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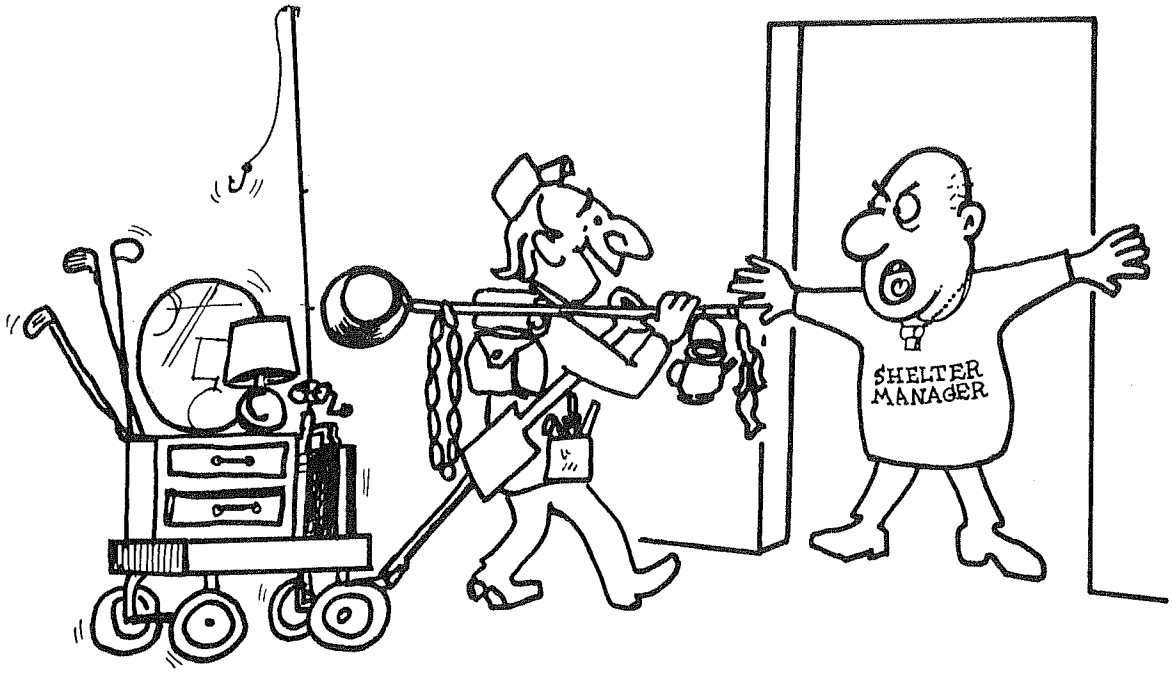

PANEL 32